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Sustainable development: International Strategy for Disaster Reduction

Implementation of the International Strategy for Disaster Reduction

Report of the Secretary-General**

Summary

The number of disasters and the scale of their impacts continue to grow, driven largely by the increasing vulnerability to natural hazards, but also by the effects of climate change, threatening the lives and livelihoods of ever more millions of people and the achievement of the Millennium Development Goals. There is growing urgency to increase efforts to implement the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters. The world is not on track to achieve the aim of a substantive reduction in disaster losses by 2015.

Decisive and systematic action is therefore needed. That means a high-level commitment to reduce risks, supported by sound policies, strong institutional capacities and adequate budgets, at both national and local government levels. One notable step in accelerating the implementation of the Hyogo Framework for Action was the convening of the first session of the multi-stakeholder Global Platform for Disaster Risk Reduction from 5 to 7 June 2007 as the main global forum to facilitate concerted efforts in disaster risk reduction at all levels.

The present report provides an overview of progress on the implementation of the International Strategy for Disaster Reduction and the Hyogo Framework for Action at the national, regional and international levels, in response to General Assembly resolution 61/198. It also considers trends in disasters and disaster risks, and the development of coordination, guidance and resourcing through the International Strategy for Disaster Reduction system.

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I. Trends in disasters and disaster risks

1. The number of disasters and the scale of their impacts continue to grow, devastating vulnerable communities, threatening the lives and livelihoods of increasing millions of people and the achievement of the Millennium Development Goals, and adding more urgency to efforts to implement the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters.[1]

2. During the period July 2006-June 2007, a total of 366 disasters affected nearly 200 million people, killed more than 18,200 and produced damage of more than $30 billion.[2] Events included earthquakes, floods, landslides, wildfires, droughts, windstorms, epidemics and extreme temperatures. Floods continue to cause the largest impact, affecting more than 134 million people worldwide and causing the largest death toll, of 6,729, and the greatest damage, of over $14 billion. In the past year, earthquakes and volcanic eruptions were a distant second and third, with nearly 390,000 and 364,000 people affected respectively. Windstorms resulted in 4,179 deaths and damage of almost $14 billion, while extreme temperatures took a toll of almost 4,000 deaths.

3. A review[3] presented at the first session of the Global Platform for Disaster Risk Reduction, held in Geneva from 5-7 June 2007, reported that changes in disaster risk are largely driven by the increasing vulnerability of nations and communities to natural hazards, arising from such underlying processes as rapid urbanization, unsafe land-use practices, environmental degradation, poverty and a lack of public awareness in regard to reducing disaster risks. Two broad risk scenarios are present: first, the risk of catastrophic disasters in areas of high risk, where people and economic activities are intensely concentrated in areas exposed to large-scale climatic and geological hazard events, such as earthquakes and tropical cyclones; and second, the risk of low-intensity asset loss and livelihood disruption over extensive areas, where people and economic activities are exposed to often localized hazard events, such as landslides, floods and droughts.

4. Urban settlements are a growing focus of disaster risk; many are located in seismic zones and are experiencing rapid urbanization, resulting in high concentrations of vulnerability. Currently over 1 billion people live in informal settlements, accounting for 30 to 70 per cent of the urban population of developing countries. With current urbanization trends, that number could reach 2 billion by 2030, with a significant proportion of cities located in low-lying coastal areas or areas prone to landslides, fires, earthquakes or other hazards. With high population density, lack of access to basic services and other aspects of social vulnerability, such settlements represent a source of high disaster risk. At the same time, cities are also engines of economic growth, decision-making, trade and commerce, which adds to the urgency of the efforts to address the growing challenges of disaster risks.

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[1] A/CONF.206/6 and Corr.1, chap. I, resolution 2.

[2] See EM-DAT: the International Disaster Database (Brussels, Université Catholique de Louvain, Office of Foreign Disaster Assistance/Centre for Research and Epidemiology of Disaster, July 2007).

[3] "Disaster risk reduction: 2007 global review", consultation edition (ISDR/GP/2007/3). See http://www.preventionweb.net/globalplatform.

5. The fourth assessment report of the Intergovernmental Panel on Climate Change,[4] released in 2007, concluded that long-term changes have already been observed in aspects of extreme weather, including droughts, heavy precipitation, heat waves and the intensity of tropical cyclones.[5] The report also indicated that the patterns of climate hazards are already changing as a result of climate change. Furthermore, it concluded that it is very likely that hot extremes, heat waves and heavy precipitation events will continue to occur more frequently.

6. The climatic changes now observed and those predicted are expected to add to the burden of disaster losses, not only by increasing the number of damaging extreme weather events but also by increasing the intrinsic vulnerability of many populations, for example through water shortages. The fourth assessment report[6] concludes that the regions likely to be hardest hit include the Arctic, sub-Saharan Africa, small island developing States and Asian mega-deltas. Moreover, it is likely that the poorest among those and other regions will suffer the most as they are already challenged by current risks and have the least means to adapt. In some cases, hazard impacts may occur in areas that have never experienced such hazards before. While the report considers extreme events and impacts of climate change, there is a need to elaborate further on the issue of disasters. The implications of the current trends and forward projections in terms of disaster occurrence and the use of the Hyogo Framework for Action as a means for adapting to climate change need to be more closely analysed and assessed through a special report, preferably under the auspices of the Intergovernmental Panel on Climate Change. Such a report should also provide guidance for Member States on practicable measures to reduce their climate-related disaster risks.

II. Progress made in implementing the Hyogo Framework for Action

7. Within countries, governmental and non-governmental organizations strengthened their capacities over the reporting period to coordinate and implement disaster reduction activities. Regionally and internationally, stakeholders improved their strategies and mechanisms for stimulating and coordinating disaster reduction measures and for providing support to actors at different levels. The secretariat of the International Strategy for Disaster Reduction supported those efforts, including by means of the development of guidelines for implementation of the Hyogo Framework for Action, and the facilitation of information exchange through the Global Platform for Disaster Risk Reduction, regional and national stakeholder meetings and sector platforms and networks.

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[4] Available from http://www.usgcrp.gov/usgcrp/links/ipcc.htm#4wg1.

[5] Intergovernmental Panel on Climate Change, *Climate Change 2007: The Physical Science Basis, Contribution of Working Group I to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*, S. Solomon and others, editors (Cambridge, United Kingdom of Great Britain and Northern Ireland, Cambridge University Press, 2007).

[6] Intergovernmental Panel on Climate Change, *Climate Change 2007: Impacts, Adaptation and Vulnerability, Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*, M. L. Parry and others, editors (Cambridge, United Kingdom of Great Britain and Northern Ireland, and New York, Cambridge University Press, 2007).

8. The Hyogo Framework for Action calls on States, regional and international organizations and the Strategy system and its secretariat to undertake specific actions to ensure the implementation of its three strategic goals and five priority areas. Section II provides an overview of key achievements at the national, regional and international levels, in the five priority areas of the Hyogo Framework for Action,[7] and of progress made in developing coordination, guidance and investment through the Strategy system.

A. Progress at the national level

9. The Hyogo Framework for Action identifies national platforms for disaster risk reduction as an important multi-stakeholder means for coordinated action among sectors. At present, 38 States have established their national platforms. Burundi and Togo established platforms during the reporting period; the French, German and Swiss platforms launched a national platform network for Europe.

10. Furthermore, a number of Governments have devised instruments to guide policy and have enacted legislation for risk reduction, while others have integrated risk reduction into their national development plans. A total of 109 Governments have now designated official focal points for the implementation, follow-up and monitoring of progress of the Hyogo Framework for Action, with the following countries joining the list during the reporting period.

Region	*Member State*
Africa	Cameroon, Central African Republic, Chad, Egypt, Gabon, Gambia, Guinea-Bissau, Lesotho, Rwanda, Sierra Leone, Somalia, South Africa, Togo, Tunisia
Latin America and the Caribbean	Argentina, Bahamas, Belize, Bolivia, Brazil, El Salvador, Dominican Republic, Grenada, Guatemala, Honduras, Jamaica, Saint Vincent and the Grenadines, Trinidad and Tobago
Asia and the Pacific	Armenia, Cyprus, India, Republic of Korea, Kyrgyzstan, Lao People's Democratic Republic, Malaysia, New Zealand, Singapore, Tajikistan, Thailand, Viet Nam
Europe	Croatia, Denmark, Finland, Greece, Hungary, Moldova, Monaco, Portugal, Romania, Spain

11. A large number of countries have actively implemented disaster risk reduction measures in one or several of the five priority areas of the Hyogo Framework for Action. There is increasing concern about the effects of climate change and its link to disasters, which rallies more actors at all levels to consider investments in risk reduction.

[7] A/CONF.206/6 and Corr.1, chap. I, resolution 2.

12. However, in many cases activities have been limited and isolated. Often, support from higher government levels is still insufficient, often as a result of limited understanding of the subject, constant political changes, a lack of stable human resources and technical expertise and insufficient financial resources and know-how to integrate disaster risk reduction into development programmes. Those recurrent challenges to the effective implementation of disaster risk reduction still remain.

Priority 1
Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation

13. Countries in some regions, such as Latin America and the Caribbean and parts of Asia and the Pacific, have been able to build on several decades of experience in addressing disaster risk, but in many other countries, particularly outside areas of high risk, the need to include disaster risk reduction on governmental development agendas is a new challenge.

14. A number of countries with meagre experience in disaster risk reduction have made progress in addressing disaster risk by developing institutions, legislative frameworks, policies and strategies. For example, in Bosnia and Herzegovina, a law on the protection and rescue of people and property in natural and other disasters is being developed, including a disaster risk reduction component. Honduras drafted a new law establishing a national system that harmonizes the subnational and national functions and designates specific responsibilities for prevention, mitigation, preparedness, response, early recovery and reconstruction to different entities at each level.

15. Many countries affected by the Indian Ocean tsunami of 2004 or the Kashmir earthquake of 2005 are enhancing their legislative and institutional arrangements. Sri Lanka passed the new Disaster Management Act, No. 13 of 2005, and established the high-level National Council for Disaster Management. Similarly, following the 2005 earthquake, Pakistan established the National Disaster Management Commission and the National Disaster Management Authority, the latter of which acts as the implementing, coordinating and monitoring body for disaster risk reduction, response and recovery at the national, provincial and district levels. The National Disaster Management Framework was also launched and a national disaster management fund established. In April, the Parliament of Indonesia approved comprehensive disaster management legislation that encompasses disaster risk reduction and decentralized disaster management.

16. In Fiji, the national disaster risk management arrangements are the result of a review of the Fiji National Disaster Management Plan of 1995 and the Natural Disaster Management Act of 1998. The arrangements provide a mechanism for an all-hazards approach and reiterates the need for the incorporation of comprehensive hazard and risk management practices into development planning and budgeting processes, to ensure that disaster risk reduction initiatives are fully mainstreamed.

17. While an increasing number of countries are addressing disaster risk reduction, most are still largely focused on mortality risk, through improvements in disaster response, preparedness, early warning and public awareness. In the countries of the Middle East and North Africa, for example, disaster risk reduction is new, and

existing legislation is dominated by traditional civil protection structures focusing primarily on response and preparedness.

18. In Latin America, Argentina, Peru and the Bolivarian Republic of Venezuela have developed their national platforms and expect to establish them by the end of 2007. El Salvador has adopted a new law for civil defence, prevention and disaster mitigation and has created a civil defence, prevention and disaster mitigation fund. In the Caribbean, the Cayman Islands are developing a strategic framework to guide risk reduction, based on the Hyogo Framework for Action, and launched a new specialized agency, Hazard Management Cayman Islands.

19. Community-based disaster management is increasingly being adopted in Asia, by non-governmental organizations and by public institutions alike. In Cambodia, a community-based disaster risk reduction strategy for flood and drought was launched to promote and implement community-based action for self-reliance.

Priority 2
Identify, assess and monitor disaster risks and enhance early warning

20. Risk identification provides key baseline information for the development of disaster risk reduction measures. Sri Lanka has completed the development of a national disaster database, providing a comprehensive picture of disaster occurrence and loss. Some Asian countries, such as India, Indonesia, the Islamic Republic of Iran, Maldives and Thailand are developing similar disaster risk databases. Some countries have developed maps and atlases of hazards, vulnerabilities and risks, to improve public awareness and to guide decision-making. For example, El Salvador has made progress in data compilation and analysis for the construction of a number of risk indexes using a methodology developed by the Inter-American Development Bank and has developed a new set of indicators for monitoring disaster risk.

21. In the Russian Federation, the federal programme is supporting scientific and applied research, upgrading earthquake monitoring and tsunami warning systems, and developing effective forecasting, early warning and communication systems for areas with high population density. Governments in Africa and Asia are cooperating to develop a tsunami warning system through the Intergovernmental Coordination Group for the Indian Ocean Tsunami Warning and Mitigation System. Eleven Governments submitted official requests with detailed budget proposals in response to the offer by the Indian Ocean consortium[8] to provide technical assistance to develop plans for national tsunami early warning systems. Since then, donors have been briefed about the funding gaps, and a consultation meeting took place in April 2007 to discuss the implementation process.

22. Many gaps in observation and warning systems still remain. In Africa, in particular, the acquisition and maintenance of hazard monitoring and communication equipment remains a major barrier. In other countries, there is still a gap between the development of regional and national hazard warning capacities and their links to effective local capacities to receive and effectively use early warning.

[8] A partnership among the United Nations Environment Programme, the United Nations Development Programme, the Office for the Coordination of Humanitarian Affairs, the World Meteorological Organization, the International Federation of the Red Cross and Red Crescent Societies, the World Bank and the secretariat of the International Strategy for Disaster Reduction.

Priority 3
Use knowledge, innovation and education to build a culture of safety and resilience at all levels

23. Progress has been made in increasing public awareness, by including disaster risk reduction in school curricula and by producing and disseminating educational materials. Several countries in Asia are introducing disaster risk reduction into the school curriculum at different levels. In India, the national educational policy includes disaster management content, which has been translated into specific programmes in schools, supported nationally and by non-governmental organizations, to prepare teachers, students and communities to minimize the loss of lives and property in the event of earthquakes, fire or explosions. In Kazakhstan, the Ministry of Emergency Situations and the United Nations Development Programme (UNDP) have included disaster risk reduction into the elementary school curriculum as a pilot project. In the Russian Federation, the Ministry of Civil Defence, Emergencies and the Elimination of the Consequences of Natural Disasters is distributing electronic textbooks and is training 9,000 teachers per year in civil defence and disaster response skills. In Africa, Botswana, Burkina Faso, Djibouti, Madagascar and Seychelles have made progress towards the integration of disaster risk reduction into school curricula.

24. Governments in high-risk countries throughout Latin America continue to advocate for the need to integrate disaster risk reduction into the school curricula; activities range from producing materials to political commitments from Ministries of Education, to successful communication and resource mobilization strategies.

Priority 4
Reduce the underlying risk factors

25. A small number of countries have reported progress in reducing the underlying risk factors. Some have implemented physical mitigation measures, by retrofitting existing buildings or by strengthening building codes. Nepal and the United Republic of Tanzania have included disaster reduction concerns in national development and poverty reduction strategies. Only a few countries, such as the Maldives, report the application of strategic national planning efforts to reduce disaster risk.

26. An important step towards reducing the underlying risk factors is to mainstream risk assessments and hazard protection measures into development programmes. Uganda has mainstreamed disaster risk reduction in its poverty reduction strategy. Nigeria has not only mainstreamed the Hyogo Framework for Action into its National Economic Empowerment Development Strategy but has also started to integrate disaster risk reduction into its sectoral annual programmes and budgets.

27. In Viet Nam, the Viet Nam disaster mitigation partnership facilitated dialogue on critical issues in disaster reduction, deepening understanding of disasters in the broader development context and promoting knowledge-sharing and coherence in all disaster reduction efforts among donors, non-governmental organizations and the Government. The partnership promotes long-term disaster risk reduction and contributes significantly to poverty reduction and the sustainable management of natural resources, including the integrated management of river basins, wetlands and coastal systems.

28. Sri Lanka, supported by the United Nations Environment Programme (UNEP), has strengthened capacities for strategic environmental assessments through the establishment of an intersectoral task force that in 2006 gained parliamentary support for inclusion of the assessments as part of development planning processes.

29. Algeria has improved its building codes and planning laws to reduce future risk, and Jordan and the Syrian Arab Republic are reviewing their arrangements to manage earthquake risk. To reduce flood risk, the Islamic Republic of Iran is retrofitting a large number of houses and strengthening key buildings and facilities subject to earthquake risk. Some countries have trained builders in the informal sector in safe building techniques. Such programmes have been developed in Pakistan during the reporting period, following the earthquake in 2005. However, enforcing building codes and regulations effectively remains a challenge.

30. In Europe the issue of adaptation to climate change is starting to influence the disaster risk reduction agenda. In France, Germany, Norway and Switzerland, national platforms for disaster reduction and Hyogo Framework for Action focal points are involved in the development of national strategies to adapt to effects of climate change.

Priority 5
Strengthen disaster preparedness for effective response at all levels

31. Effective early warning is a prerequisite for successful disaster preparedness, but it has to take root at the local level. Measures taken by Bangladesh, Cuba and Viet Nam have shown that local, comprehensive disaster preparedness, linked with national capacities to monitor and warn of impending hazard events, drastically reduce loss of life. A number of countries in all regions are now strengthening local capacities for disaster preparedness. In India, a network entitled the "Solution Exchange" will link practitioners who are concerned with a variety of disaster management and policy issues, techniques and tools.

B. Progress at the regional level

32. The Africa Regional Strategy for Disaster Risk Reduction was launched in 2007 by the African Union with the objective of accelerating coordinated action among African Governments, intergovernmental and non-governmental organizations and United Nations entities in implementing the African strategy for disaster reduction. Among the 24 African countries with national platforms, 7 have integrated disaster risk reduction into their poverty reduction strategy papers, namely Comoros, Ghana, Mali, Madagascar, Nigeria, Senegal and Uganda. In West and Central Africa, where vulnerabilities are high and national legislation and institutions weak or non-existent, the Economic Community of the West African States Commission approved the subregional Policy and Mechanism for Disaster Risk Reduction in January 2007 at the summit of the Heads of State.

33. In Asia, legislative frameworks and institutional mechanisms are taking a stronger focus on reducing risks and linking disaster reduction to broader social, economic and environmental development. The Association of Southeast Asian Nations (ASEAN) Agreement on Disaster Management and Emergency Response, signed in Vientiane, provides mechanisms to achieve substantial reduction of disaster losses in lives and assets of member countries. The agreement also

establishes an ASEAN Disaster Management and Emergency Relief Fund from voluntary contributions. The National Institute of Disaster Management of India, in collaboration with UNDP, organized a South Asia policy dialogue, and eight South Asian countries worked on a regional policy on disaster management and identified gaps in the existing infrastructure.

34. The Organization of American States has established the Inter-American Network for Disaster Mitigation to support good governance-related activities in reducing disaster risks. The network supports collaboration among member States, multilateral and regional organizations in risk-reduction programmes, projects and strategies in the hemisphere, including the development of the regional platform to support implementation of the Hyogo Framework for Action.

35. At the subregional level, three initiatives are of note. The Coordination Centre for the Prevention of Natural Disasters in Central America has relaunched the Regional Strategy for Disaster Reduction 2006-2015, in line with the Hyogo Framework for Action, as a result of a wide participative consultation process. In addition, the project to support prevention and mitigation in the Andean community[9] has conducted a thorough compilation and review of policy instruments for disaster prevention and relief, aiming at harmonizing them within the context of the objectives of the Andean Strategy for Disaster Prevention and Response and the priorities set by the Hyogo Framework for Action. The project is also fostering the incorporation of disaster risk analysis into planning and public investment processes in the subregion. In the Caribbean, the Caribbean Disaster Emergency Response Agency is harmonizing the redrafting of the five-year Comprehensive Disaster Risk Management Framework in line with the Hyogo Framework for Action.

36. In the Pacific, under the Regional Framework for Action, adopted in 2005, some Pacific island countries, such as Cook Islands, Marshall Islands, Papua New Guinea and Vanuatu are in the process of developing and implementing national action plans and strategies in line with the Hyogo Framework for Action. The South Pacific Applied Geoscience Commission is currently assisting 14 Pacific countries[10] in various priority areas of the Hyogo Framework, such as hazard assessments, early warning systems, information management, advocacy and public awareness. Development of a virtual centre for excellence for disaster risk management data, information and tools in the Pacific is under way in a partnership between UNDP, the Office for the Coordination of Humanitarian Affairs, the International Federation of Red Cross and Red Crescent Societies and the South Pacific Applied Geoscience Commission.

37. In preparation for the Global Platform for Disaster Risk Reduction, the secretariat of the Strategy supported regional risk updates and regional progress assessments, with the support of the World Bank and regional organizations. The reports are available on the Global Platform website as information documents (see http://www.preventionweb.net/globalplatform).

[9] Funded by the European Union.

[10] Funded by the European Union.

C. Progress at the international level

38. The World Bank, in collaboration with the International Strategy for Disaster Reduction, launched the Global Facility for Disaster Reduction and Recovery in September 2006 as a major initiative to boost national, regional and global capacities to reduce disaster risk and respond effectively after disasters, particularly in low- and middle-income countries at high risk. It aims to facilitate a coordinated approach among donors to mainstream risk reduction in development processes in countries at risk and represents an important contribution to the implementation of the Hyogo Framework for Action. Its three tracks support global and regional capacities, national risk reduction, and post-event recovery, respectively. Track I supports the Strategy's global and regional processes to enable leverage of country resources for ex ante investment in prevention, mitigation and preparedness activities, particularly in low- and middle-income countries. Track II provides technical assistance to low- and middle-income countries to mainstream disaster risk reduction in strategic planning. Track III serves as a standby recovery financing facility to support disaster-stricken countries' immediate recovery needs towards their medium- and long-term reconstruction development plans.

39. At the global level, track I resources have contributed to the establishment of a global information platform for disaster risk reduction, consisting of PreventionWeb (http://www.preventionweb.net), which serves as a virtual clearing house; to a global report on risk benchmarking and emerging risks (to be issued in 2009); and to a global report in 2007 on progress made in the implementation of the Hyogo Framework for Action.

40. Thematic partnerships to support the implementation of different subject areas of the Hyogo Framework for Action continued to develop during the reporting period. Thematic platforms now cover such areas as recovery processes, risk assessment, early warning, wildland fires, environment, climate change and education. Other emerging partnerships and networks include those for the media, non-governmental organizations, a gender group and a network of academic and research organizations. An initiative coordinated by the secretariat of the International Strategy for Disaster Reduction brought together private sector organizations, including the World Economic Forum, to explore the use of public-private partnerships to support disaster risk reduction.

41. The Fifteenth Congress of the World Meteorological Organization (WMO) endorsed disaster risk reduction as its highest priority along with climate change adaptation. WMO adopted the Hyogo Framework for Action as the strategic foundation for its risk reduction programme, which is built upon strong cooperation and coordination with international and regional partners, involving capacity development projects in nearly 40 high-risk countries. WMO is also developing a strategy for linking the latest knowledge of climate change and extremes with climate adaptation and disaster risk reduction strategies.

Priority 1
Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis

42. Several international Strategy partners have supported the implementation of the Hyogo Framework for Action at the national and local levels. For example,

track II of the above-mentioned Global Facility for Disaster Reduction and Recovery provides technical assistance to low- and middle-income countries to mainstream disaster risk reduction into their policies, planning and programming, particularly through poverty reduction strategies and various sectoral development policies. In 2007, implementation started in Malawi, Mozambique, Nepal, Nicaragua and Viet Nam. Beginning in July 2008, track II will provide resources to 43 additional countries. In 2006, UNDP implemented disaster risk reduction and recovery programmes in over 40 high-risk countries to support institutional strengthening. To support those programmes, UNDP maintains a network of regional disaster reduction advisers and is currently in the process of placing 13 national disaster reduction advisers in countries assessed as exceptionally high risk. To promote good practice and the benefit from lessons learned from country level experience, UNDP launched a global review of its support to institutional and legislative systems for disaster risk management. The ProVention Consortium, with the support of the International Federation of Red Cross and Red Crescent Societies, produced and disseminated guidance notes for development organizations, entitled "Tools for mainstreaming disaster risk reduction".[11]

Priority 2
Identify, assess and monitor disaster risks and enhance early warning

43. The World Meteorological Organization has conducted an assessment of technical capacities for observing, monitoring, detecting and warning of weather-, climate- and water-related hazards at the national and regional levels. A total of 144 countries contributed to the national survey, which will be released during the fourth quarter of 2007. WMO has also initiated a number of national and regional demonstration projects, to strengthen operational early warning systems with a multi-hazard approach built on strong governance and organizational cooperation. Supported by the Global Facility for Disaster Reduction and Recovery, WMO is strengthening the capacities of national meteorological and hydrological services in South-Eastern Europe, sub-Saharan Africa and West Africa, including facilitating their participation in national risk reduction coordination mechanisms.

44. The Intergovernmental Oceanographic Commission of the United Nations Educational, Scientific and Cultural Organization (UNESCO) oversees the coordination of the establishment of early warning systems for tsunamis and other ocean-related hazards in the Indian Ocean, North-Eastern Atlantic, Mediterranean and Caribbean regions. During the reporting period, regional and national networks on knowledge sharing and capacity-building for earthquakes and tsunami risk mitigation were strengthened and developed, notably in the Mediterranean and Asian regions. Major progress was made through the adoption of implementation plans for the Indian Ocean and the European systems. For the Indian Ocean, an initial tsunami early warning system has been in place since July 2006, while the initial European tsunami early warning system is planned to be operational by end of 2007. In the Caribbean, the tsunami early warning system will be closely linked with the infrastructure of the existing hurricane warning system. Other Strategy partners such as UNEP have supported efforts to strengthen Indian Ocean tsunami early warning systems by assisting in the development of national action plans and

[11] Charlotte Benson and John Twigg (Geneva, International Federation of Red Cross and Red Crescent Societies and ProVention Consortium, 2007). Available from http://www.proventionconsortium.org.

by working with national authorities to design a project on the use of strategic environmental assessments and their application to risk reduction.

45. Several drought risk reduction initiatives have developed during the year. As a consequence of the Horn of Africa drought, UNESCO and the International Hydrological Programme agreed to facilitate the development of a regional integrated drought management centre in sub-Saharan Africa. China has launched an international drought prevention centre in partnership with the Strategy system. A guidance document was finalized with expert organizations, entitled "Drought risk reduction framework and practices: contributing to the implementation of the Hyogo Framework for Action". Partnerships and coordination are being undertaken on the basis of existing mechanisms and networks, in order to foster actions to reduce drought impacts.

46. UNEP, UNDP and other partners initiated the Global Risk Identification Programme in 2006 to improve coordination among international initiatives and to share knowledge, information, expertise and resources. In September 2006, UNEP and UNDP hosted a round table on coastal erosion and disaster risk and vulnerability assessment in the Maldives, which led to the development of an assessment framework that accounts for the role of environmental change in risk and vulnerability.

Priority 3
Use knowledge, innovation and education to build a culture of safety and resilience at all levels

47. The theme of the international campaign for disaster risk reduction, 2007-2008, is "Disaster risk reduction begins at school". The campaign aims at promoting safer school buildings and incorporating disaster reduction knowledge into school curricula. As part of the campaign, the secretariat of the Strategy produced, in cooperation with a number of experts and organizations, an online educational game entitled "Stop disasters", targeted at children and youth in support of the disaster risk reduction learning process. The game was launched in March 2007, and will be available in all six official languages of the United Nations later in 2007. Nearly 60 countries[12] organized activities on the International Day for Disaster Reduction, including seminars, workshops, trainings, drawing contests, drills, drama and songs.

48. The platform on knowledge and education, led by UNESCO, aims at integrating a culture of risk reduction into educational programmes and at promoting safe educational facilities. Under the platform, an online library for education and disaster risk reduction is currently being developed. The initiative addresses the need expressed by Member States to have access to available educational materials on disaster risk reduction. The platform has engaged in the

[12] Argentina, Armenia, Bangladesh, Bolivia, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cape Verde, China, Chile, Comoros, Congo, Costa Rica, Cuba, Djibouti, Dominican Republic, Ecuador, El Salvador, Fiji, Gabon, Gambia, Guatemala, Honduras, India, Iran (Islamic Republic of), Jamaica, Japan, Kazakhstan, Kenya, Lesotho, Madagascar, Mali, Mexico, Mozambique, Nepal, Netherlands, Nicaragua, Nigeria, Niue, Panama, Papua New Guinea, Peru, Philippines, Senegal, Seychelles, Sierra Leone, Singapore, South Africa, Tajikistan, Thailand, Turkey, United Republic of Tanzania, United States of America, Venezuela (Bolivarian Republic of) and Viet Nam.

collection of relevant educational tools from Member States. More than 50 countries in Africa, the Arab States, Asia and the Pacific, Europe and Latin America and the Caribbean have contributed so far. The United Nations Children's Fund (UNICEF) has recently joined the interim organizing committee for the platform,[13] and has reiterated its strong commitment to education on disaster reduction during its recent consultation workshop on disaster risk reduction and education.[14]

49. The University for Peace, located in Costa Rica, has incorporated a course on disaster risk reduction into its Masters programme in environmental security and peace. The secretariat of the Strategy with financial support from the World Bank, will collaborate with the university by providing technical advice, human resources and other in-kind support for the design, development and evaluation of the course, which will benefit 25 regional and international students. A similar initiative is under way in Asia, led by the Middle East Technical University, in collaboration with the University of Madras and Kyoto University.

50. The Disaster Management Training Programme was transformed and reoriented into a Strategy-based platform called the Capacity for Disaster Reduction Initiative. Launched in June 2007 by a partnership between the United Nations Development Programme, the Office for the Coordination of Humanitarian Affairs and the secretariat of the Strategy, the initiative aims to provide an international platform to support training of organizations and practitioners. The secretariat also collaborates with the Delnet Programme of the International Training Centre of the International Labour Organization in Turin to develop local-level capacity development programmes, within the context of the International Recovery Platform. The first one-year course was targeted at the Spanish-speaking countries in the wider Caribbean and will be completed by the end of 2007.

Priority 4
Reduce the underlying risk factors

51. During the reporting period, UNEP led the working group on environment and disaster reduction and organized sessions, with the participation of environmental authorities, at the International Disaster Reduction Conference held in Davos, Switzerland from 27 August to 1 September 2006, and at the Global Platform session on the environment. UNEP produced a paper entitled "Environment and vulnerability: emerging perspectives". In addition, UNEP, in collaboration with the Netherlands Commission for Environmental Impact Assessment, supported training and a pilot project[15] to evaluate both the environmental and disaster risk implications of township plans. UNEP supported the establishment of a regional disaster management centre for Central Africa, in Brazzaville.

52. The protection of critical facilities and lifelines is an important area for which underlying risk factors should be reduced. The 2008-2009 international disaster reduction awareness campaign, supported by the World Health Organization (WHO), will focus on safe hospitals. In addition, WHO works through an all-hazard

[13] Members of the organizing committee include UNESCO, ActionAid International, the Asian Disaster Reduction Centre, the Council of Europe, the International Federation of Red Cross and Red Crescent Societies, the ProVention Consortium, UNICEF, and the secretariat of the International Strategy for Disaster Reduction.

[14] Held in Geneva from 5 to 6 July 2007.

[15] In Panadura Township, Sri Lanka.

approach that also addresses biological, technological and societal hazards. A programme on safe hospitals is one of the pillars of its six-year global medium-term programme (2008-2013) on risk reduction and emergency preparedness.

53. The Asian Seismic Risk Reduction Centre was launched at the initiative of the Islamic Republic of Iran to increase the capacity development options building on existing seismic risk reduction knowledge, as called for by the Hyogo Framework for Action.

54. In the area of climate change adaptation and disaster risk reduction, Strategy partners and its secretariat have collaborated with the secretariat and subsidiary bodies of the United Nations Framework Convention on Climate Change[16] on linkages between climate change adaptation and the Hyogo Framework for Action. Advocacy efforts with the media and coordinated activities by the Strategy-based Working Group on Climate Change and Disaster Risk Reduction have contributed to an enhanced understanding of disaster risk reduction as an adaptation tool, including preparation of the guide, "On better terms: a glance at key climate change and disaster risk reduction concepts".

Priority 5
Strengthen disaster preparedness for effective response at all levels

55. Current efforts to strengthen response capacity at the global and national levels, including the introduction of the cluster approach, have increased disaster preparedness through a strengthened partnership system between United Nations and non-United Nations actors, including civil society and the private sector as well as the International Federation of the Red Cross and Red Crescent Societies. The Federation has further developed the International Disaster Response Laws, Rules and Principles Programme, which aims at supporting Governments in strengthening domestic regulatory frameworks for better disaster preparedness and response. The Inter-Agency Standing Committee is conducting consultations to identify gaps and opportunities to mainstream disaster risk reduction into humanitarian action.

56. In 2006, the World Food Programme (WFP) initiated a process to strengthen its disaster risk reduction capacity. The aim was to create a policy guidance framework for disasters caused by natural hazards, with a special emphasis on emergency preparedness and disaster mitigation, and to develop a corporate strategy for compliance with the Hyogo Framework for Action. A number of case studies to assess the World Food Programme's disaster risk reduction capacity are being undertaken in Bangladesh, Haiti, Kenya, Mozambique and Tajikistan. UNEP has also revised training kits to build community awareness of risks associated with industrial facilities and environmental emergencies, engaging in capacity development efforts with national and local authorities in Sri Lanka and Morocco. The Office for the Coordination of Humanitarian Affairs has reinforced its preparedness capacity through the creation of an emergency preparedness section.

57. UNEP is redesigning its commitment in the field of disaster preparedness and risk reduction. Among specific activities, UNEP will implement a project supported by the European Commission aiming at minimizing losses and environmental damage from natural and man-made disasters in selected tsunami-affected tourism destinations in India and Thailand.

[16] United Nations, *Treaty Series*, vol. 1771, No. 30822.

D. Coordination and guidance through the strategy system

58. Strategy stakeholders at all levels have a fundamental role in supporting the implementation of and follow-up to the Hyogo Framework for Action. The endeavour requires sustained high-level commitment, supported by sound policies, strong institutional capacities and adequate budgets, at both the national and local government levels, and concerted efforts to develop the information, tools, capacities and coordination mechanisms to support effective and scaled-up action at all levels. A strong foundation of scientific and technical knowledge is needed for risk reduction policymaking programmes. The Strategy provides the essential United Nations-based multi-stakeholder mechanism to support such informed and coordinated action.

59. A notable step is the establishment of the Global Platform for Disaster Risk Reduction, as the successor mechanism to the Inter-Agency Task Force for Disaster Reduction, to provide a regular global forum for advocacy, information-sharing, the coordination of action and the monitoring of progress, involving all the stakeholder groups responsible for the implementation of the Hyogo Framework for Action. The Global Platform met in Geneva, from 5 to 7 June 2007, with 1,150 participants representing different stakeholder groups identified by the Hyogo Framework for Action, including 124 Governments, 20 at ministerial level, alongside organizations and agencies of the United Nations system, international financial institutions, regional bodies, civil society, the private sector, and the scientific and academic communities. The wide and active participation reflects the increasing public interest and growing attention that Governments and other stakeholders are now giving to the subject.

60. The Global Platform proved to be a useful and unique forum for Member States and other stakeholders to enhance awareness of disaster risk reduction, share experiences and learn from good practices, as well as assess progress made in implementing the Hyogo Framework for Action, identify remaining gaps, and identify actions to accelerate national and local implementation.[17] In order to reiterate commitment and raise awareness, a high-level dialogue event examined the topical issues of urban risk, climate change adaptation, and political and economic challenges to the implementation of risk reduction. Inputs to the session included a global review of disaster risks and progress in risk reduction, and contributions from a number of regional meetings. The Global Platform outcomes are summarized in the "Chair's summary" (ISDR/GP/2007/6), which is available, together with other conference documents, from http://www.preventionweb.net/globalplatform. The next session of the Global Platform is scheduled to coincide with the midterm review of the Hyogo Framework for Action in 2009.

61. During the reporting period, the International Strategy for Disaster Reduction reference group, comprised of 14 Strategy partner organizations, continued to provide to the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator advice on the strengthening of the Strategy system and the development of a joint Strategy planning framework to provide coherent support for the implementation of the Hyogo Framework for Action at all levels.

[17] "Disaster risk reduction: 2007 global review", consultation edition (ISDR/GP/2007/3). See http://www.preventionweb.net/globalplatform.

62. In order to complement the efforts of Member States and other stakeholders, the Secretary-General and his senior officials will undertake high-level advocacy and further strengthen the United Nations system capacity to support disaster risk reduction initiatives and to accelerate the implementation of the Hyogo Framework for Action. That effort includes the articulation of synergies and linkages between the climate change and disaster risk reduction agendas and initiatives, as well as action by the United Nations Development Group on mainstreaming disaster risk reduction into development processes.

63. An informal Geneva-based Strategy support group, convened by Switzerland and open to all Member States, provided advice to the secretariat of the Strategy on matters concerning resource mobilization, the strengthening of the Strategy system and the organization of the first session of the Global Platform for Disaster Risk Reduction. Argentina took over as Chair in June 2007, succeeding Switzerland, which had undertaken that role for the previous three years.

64. As noted at the Global Platform meeting, progress has been made by many key stakeholders, including Governments, United Nations entities, and non-governmental organizations, in support of implementation of the Hyogo Framework for Action and of making disaster risk reduction a higher priority. This has resulted in an increased demand, as well as increased expectations, for the secretariat of the Strategy to service a variety of stakeholders, facilitating partnerships; monitoring the implementation of the Hyogo Framework for Action; acting as a catalyst and advocate for mobilizing commitment and resources for disaster risk reduction; and providing information and guidance, for example on sound practices, methodologies, capacity development, mainstreaming, development of indicators, reporting processes and resource tracking. The partnership with the World Bank through the Global Facility for Disaster Reduction and Recovery has enabled the secretariat to strengthen its capacity to better service the system, in particular at the regional level, including through the development of tools and guidelines.

65. To better support regional efforts for the implementation of the Hyogo Framework for Action, the secretariat has strengthened its activities and staff resources at the regional level. A combination of United Nations Volunteers, national experts and international experts has been recruited to work with partners to enhance national and regional commitments and actions to implement the Hyogo Framework for Action, including through support to the African Union Commission and the South Asian Association for Regional Cooperation. A new office was established in Cairo for West Asia and North Africa, hosted by the World Health Organization and the Egyptian Red Crescent and in close cooperation with United Nations system partners, the League of Arab States and the Economic Cooperation Organization. The office supports the development of regional and subregional strategies and generation of risk information, in partnership with the World Bank and regional organizations

66. The secretariat of the Strategy has developed specific guidelines and tools for lessons learned, including "Words into action: a guide for implementing the Hyogo Framework for Action", which provides step-by-step advice for government authorities and other organizations on key tasks for each priority area of the Hyogo Framework for Action. It can help States to assess where they stand in the implementation process and identify possible gaps and useful next steps to take with existing experience and arrangements. Other products include "Guidelines: national

platforms for disaster risk reduction" (UN/ISDR-03-2007-Geneva); "Building disaster resilient communities: good practices and lessons learned" (published by the Global Network of Non-Governmental Organizations for Disaster Risk Reduction) (UN/ISDR-06-2007-Geneva); "Gender perspective — working together for disaster risk reduction: good practices and lessons learned" (UN/ISDR-09-2007-Geneva); and "Lessons for a safer future: drawing on the experience of the Indian Ocean tsunami disaster" (UN/ISDR-01-2007-Geneva). For more information on the work of the secretariat, see the information note, January 2006-June 2007, posted on the website (http://www.unisdr.org).

E. Investing in disaster risk reduction

67. Since the World Conference on Disaster Reduction in January 2005, commitment by Member States to implement the Hyogo Framework for Action has continued to grow steadily, as have efforts by a range of other partners, including the United Nations system, international financial institutions and civil society, to support nations and communities in reducing disaster risk. However, the progress made to date has fallen far short of aspirations. The main challenge over the next several bienniums will be to translate the increased knowledge and commitment into robust and sustained action at all levels through increased investment in disaster risk reduction.

68. Experts recognize that investment in risk reduction measures yields significant returns not only in saving lives but also in conserving livelihoods for families and in preserving the economic viability of communities. The projected increase in the volume of required resources will make it necessary to ensure that disaster-proof development aspects, based on sound natural hazard risk assessment, are integrated into sectoral investment plans and programmes in infrastructure, education, health, environment and social development, among others. At the same time, the commitment of fresh resources is urgently needed in certain areas, such as building and maintaining early warning systems for weather-related hazards and tsunamis.

69. One roadblock to increasing needed investment is the absence of a set of clear, unambiguous and accessible scientifically based studies on the economic and social costs and benefits of various risk reduction measures. Another is the absence of reliable data and information on current investments in disaster risk reduction. That type of information is critical to empowering and motivating policymakers and decision makers. As a follow-up to the Hyogo Framework for Action, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, with support from the secretariat of the Strategy and drawing on the strengths of various partners, will provide leadership over the coming biennium for a critical assessment of the economic and social costs and benefits of different risk reduction measures.

70. At the international level, 2006 witnessed two noteworthy initiatives which could have a major positive impact on investment in disaster risk reduction worldwide. The first one is the Global Facility for Disaster Reduction and Recovery, which provides a major new instrument for assisting low- and middle-income countries at high risk to increase investment to reduce and manage their disaster risks. The second is the development of new donor policies to increase funding for disaster risk reduction. The United Kingdom, for example, commissioned studies on the need for the integration of disaster reduction into European Union development

policies. Denmark, Sweden and Switzerland are among the countries that are currently discussing how to integrate disaster reduction into their development and humanitarian funding programmes.

71. Support from donor Governments for the work of the Strategy secretariat also increased in response to resolution 61/198, in which the General Assembly encouraged the international community to provide adequate voluntary financial contributions to the United Nations Trust Fund for Disaster Reduction, in the effort to ensure the adequate support for the follow-up activities to the Hyogo Framework for Action. Currently, the secretariat is entirely funded through voluntary, extrabudgetary contributions, much of which are earmarked. Thus far in the biennium 2006-2007 a total of $30 million has been received or pledged from 17 Member States,[18] the European Commission, the World Bank and UNDP. That represents an increase of 10 per cent compared to the volume of funding during the biennium 2004-2005. However, the lack of multi-year funding poses challenges in planning Strategy activities. There is a need to secure a stable and predictable flow of resources to support the secretariat and joint activities by Strategy system partners. In this context, given the growing vulnerability to natural hazards, as well as increasing public interest in addressing that challenge, and the centrality of the work of the United Nations in reducing vulnerability to natural hazards, Member States may wish to decide whether the provisions of resolution 54/219 should be reviewed and whether other options, including funding from the assessed budget, should be considered.

72. The Hyogo Framework for Action states that Member States should "review the current usage and feasibility for the expansion of the Fund, inter alia, to assist disaster-prone developing countries to set up national strategies for disaster risk reduction",[19] and in its resolution 61/198 the Assembly reiterated that request. Pursuant to those requests, and taking into account the trend in contributions to the Trust Fund, the secretariat of the Strategy undertook a review supported by two independent studies, one on the complementarity of the Trust Fund with other financing mechanisms and programme management and governance arrangements and the other on financial management aspects. In its conclusions, the review indicated that the Trust Fund is an appropriate vehicle for expanded action to ensure a robust enabling environment at the global and regional levels for the implementation of the Hyogo Framework for Action, through the funding of the work of the secretariat and of a joint work programme of Strategy system partners.[20] The review also indicated that the basic managerial and financial control mechanisms were already in place for the Trust Fund to discharge that role, with the understanding that significant expansion in the volume of activities would be accompanied by a corresponding strengthening of existing managerial, programmatic and financial mechanisms.

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[18] Australia, Canada, Cyprus, Denmark, Finland, France, Germany, India, Italy, Japan, Luxembourg, Norway, the Philippines, South Africa, Sweden, Switzerland, the United Kingdom.

[19] See A/CONF.206/6 and Corr.1, chap. I, resolution 2, para. 34 (d).

[20] An initial joint work programme was presented at the Global Platform; see http://www.preventionweb.net/globalplatform/first-session/docs/session_docs/ISDR_GP_2007_4.pdf

III. Conclusions and recommendations

73. A growing vulnerability to natural hazards is a stark reality faced by many countries and communities. Large-scale loss of life, livelihoods and economic assets continues unabated in many regions. Rapid urban growth in highly seismic areas has led to increased vulnerabilities in urban settlements and the potential for large-scale catastrophes in the future. Climatic risks, such as drought, extreme rainfalls and tropical cyclones, are also increasing. In recent years, the economic costs of disasters have risen very rapidly, severely constraining the achievement of the Millennium Development Goals.

74. Many Member States report the active pursuit of policies to reduce disaster risks. Despite those efforts, the world is not on track to achieve the Hyogo Framework for Action's sought-after outcome of a substantial reduction in disaster losses by 2015, and clear and appropriate targets needs to be articulated at the global and national levels. While major strides have been made in increasing knowledge and commitment to reducing disaster risks, the implementation of concrete measures is still lagging behind. Therefore, more sustained and systematic investments in risk reduction by Member States and donors are required. Efforts are also needed to systematically track progress, using measurable indicators and identify remaining gaps.

75. International cooperation is crucial to addressing the challenge of reducing vulnerabilities at all levels. The International Strategy for Disaster Reduction system represents a key mechanism to strengthen partnerships and to more effectively advocate, spearhead and coordinate efforts to support the implementation of the Hyogo Framework for Action. In particular, the Global Platform for Disaster Risk Reduction is a notable step towards improved coordination of action, in such areas as the sharing of knowledge and experience, advocacy, the monitoring of progress and the identification of gaps and challenges.

76. On the basis of the preceding observations, the following measures are proposed.

Accelerate the implementation of the Hyogo Framework for Action through Strategy system mechanisms

77. The Secretary-General encourages Member States to increase their commitment to the effective implementation of the Hyogo Framework for Action, making full use of the mechanisms of the Strategy system, such as the Global Platform for Disaster Risk Reduction. The Secretary-General will report regularly on the progress made in the implementation of the Hyogo Framework for Action.

Strengthen national and local capacities

78. Member States are encouraged to make disaster reduction a core element of their development policies, to develop national platforms and similar coordination mechanisms for disaster reduction, to establish targets, programmes and budgets for their disaster reduction efforts and to monitor their achievements and share reports on progress through the Strategy system. Member States are also encouraged to ensure coordination among all the authorities entrusted with reducing disaster risk and adapting to climate change in order to benefit from the synergies available in the existing tools, practices and experiences in both groups of actors.

Invest in disaster risk reduction

79. The Secretary-General encourages Governments, donors and funding institutions to increase substantially their investment in disaster risk reduction, as an integral component of all programmes for humanitarian action, economic and social development, and environmental protection, and to improve the coordination and tracking of those investments. Governments should also consider setting targets for public spending on multi-year disaster risk reduction programmes at the national and local levels.

Funding arrangements for the Strategy

80. The Secretary-General, considering the substantially increased responsibilities of the secretariat of the Strategy and the need for commensurately predictable and stable financial resources, calls on Member States and Strategy stakeholders once again to augment their financial contributions to the United Nations Trust Fund for Disaster Reduction to ensure adequate support for the implementation of the Hyogo Framework for Action. In taking steps towards a stable financial base for the Strategy and its activities, the General Assembly may also wish to review the current method of financing the Strategy secretariat and its activities, and consider alternative options, including through assessed contributions.

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2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa**

Note by the Secretary-General

The Secretary-General hereby transmits the report prepared by the World Health Organization, in accordance with General Assembly resolution 61/228.

* A/62/150.

** The compilation of inputs required to include the most current information has delayed submission of the present report.

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Report of the World Health Organization entitled "2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa"

Summary

The present report highlights the activities undertaken and progress made since the last report in meeting the 2010 malaria goals, in the context of General Assembly resolution 61/228 and the Abuja Declaration on Roll Back Malaria in Africa (2000).

The report reviews, inter alia, developments in case management and prevention, and prospects for the elimination of malaria, including issues related to research and development and resource mobilization. In addition, the report also addresses the problems associated with malaria in pregnant women and the special challenges of malaria and health systems strengthening. The report provides conclusions and recommendations for the consideration of the General Assembly.

Contents

		Paragraphs	*Page*
I.	Introduction and background	1–4	4
II.	Access to effective treatment for malaria	5–11	5
III.	Malaria in pregnancy	12–14	7
IV.	Malaria prevention	15–20	8
V.	Surveillance, monitoring and evaluation	21–22	10
VI.	Malaria elimination	23–24	11
VII.	Malaria and health systems	25–27	12
VIII.	Funding and resource mobilization	28–31	13
IX.	Progress in and challenges to achieving the Millennium Development Goals	32–33	15
X.	Conclusions and recommendations	34–37	16

I. Introduction and background

1. The seven years since the inception of the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa have seen the advent of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Booster Programme and the United States President's Malaria Initiative, representing significant political and financial commitments to malaria control. However, the disease continues to threaten at least 40 per cent of the world population in 107 countries and territories. Despite global efforts, more than 500 million people suffer from acute malaria each year, resulting in an annual toll of more than 1 million deaths per year, of which at least 86 per cent are in sub-Saharan Africa. Every day, an estimated 3,000 children and infants die of malaria, representing approximately 82 per cent of all malaria deaths. Approximately 50 million women living in malaria-endemic areas will become pregnant every year. While malaria in pregnancy is predominantly asymptomatic, it is a major cause of severe maternal anaemia, and is responsible for approximately one third of preventable low birth weight babies. It is estimated that the indirect effects of malaria, which are mostly overlooked in estimates of malaria-related morbidity and mortality, result in up to 200,000 infant deaths per year in Africa alone, and contribute to the deaths of an estimated 10,000 pregnant women. While children and pregnant women are at greatest risk owing to their reduced immunity, outside of Africa, all age groups are at risk.

2. Recent studies have shown that in some countries nearly two thirds of the population with illness seeks care outside the health system. This indicates that the malaria morbidity and mortality recorded through the health system represents only the "tip of the iceberg". Almost 60 per cent of all malarial deaths are concentrated in the poorest 20 per cent of the world population, the highest association of any disease with poverty, as it is mostly concentrated in poor and marginalized populations, including refugees and internally displaced persons. Malaria has lifelong effects on cognitive development, education and productivity levels. In many countries it is the leading cause of illness and absenteeism in the workforce. The evidence shows that malaria keeps poor people poor, costing Africa $12 billion per year in lost gross domestic product (GDP) and consuming up to 34 per cent of household incomes and 40 per cent of government health spending. Countries with the highest burden have an estimated 1.3 per cent reduction in economic growth every year. Malaria lowers economic growth and increases poverty through numerous channels, including private and non-private medical care costs, reduced productivity of malaria sufferers and caretakers, by inhibiting the movement of labour and by discouraging foreign direct investment, trade and tourism.

3. The Roll Back Malaria Partnership, which was launched in 1998 by the World Health Organization (WHO), the World Bank, the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP), and includes malaria-endemic countries, their bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations and research and academic institutions, has the main objective of coordinating support to Member States in order to halve malaria mortality by 2010 and by 75 per cent by 2015, relative to 2000. All of these constituencies are represented on the Roll Back Malaria Board. During 2006, the Partnership underwent a significant "change initiative", which resulted in a restructuring of the Partnership secretariat, which is hosted by WHO, and made it more responsive to the needs of Member

States, including the revitalization or restructuring of working groups such as the Harmonization Working Group, the Monitoring and Evaluation Reference Group, and the Procurement and Supply Chain Management Working Group, and subregional networks.

4. The World Health Organization Global Malaria Programme is the key technical partner in the Partnership providing normative guidance and leadership in policies and strategies for malaria control. The Programme encompasses a lean staff at headquarters and at regional and country levels, as well as crucial links with other WHO departments. The key components forming the basis of WHO strategic direction are: (a) strong technical leadership and support to countries; (b) a comprehensive focus on malaria-endemic countries worldwide; (c) supporting malaria-endemic countries in applying the best available tools, including free or highly subsidized distribution of long-lasting insecticide-treated nets to all at-risk groups, indoor residual spraying where indicated and diagnosis of malaria cases and treatment with artemisinin-based combination therapies (ACTs); (d) working closely with countries and their in-country partners to ensure that interventions are tailored to their particular epidemiologic and socio-economic needs; (e) ensuring that malaria control efforts contribute to overall health systems strengthening and supporting integrated delivery of essential health services; (f) focusing on the development and implementation of effective, comprehensive monitoring and evaluation tools to measure malaria programme performance, effective coverage and impact; (g) supporting priority research to develop new methods and tools to address implementation bottlenecks; (h) facilitating well-coordinated partnership at the country level to ensure that support is harmonized and aligned with national strategies and plans; and (i) fostering a multisectoral approach, with strong health leadership, to gather political and financial support for sustainable, predictable investments in malaria control. At the country level, WHO is successfully working with partners, such as UNICEF, to scale up distribution of insecticide-treated nets, and the World Bank, to ensure adoption of appropriate drug policies and increased access to ACTs worldwide.

II. Access to effective treatment for malaria

5. ACTs are currently considered the best treatment for uncomplicated malaria due to Plasmodium falciparum. WHO's call for countries to shift away from monotherapies, which have lost their effectiveness due to parasite resistance, has been heeded by many countries. Nevertheless, safeguarding the efficacy of ACTs continues to be of critical importance. As recommended by WHO, 70 countries — 40 of them in Africa — have adopted artemisinin-based combination therapies as their first or second-line treatment. The availability of financing for ACTs and the steadily increasing volume of purchase and strong advocacy have helped to push the cost of ACTs down. The financing facility UNITAID, established in late 2006 in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNICEF, has already begun providing antimalarials and is focusing on using market forces to further reduce the costs of ACTs to make them more broadly accessible. In 2006, a total of 82,774,740 ACT doses were procured, and it is estimated that 120 million treatments will be procured during 2007. Nevertheless, the costs of ACTs are still often beyond the reach of the most poor, and the majority of patients in

remote rural areas depend on inappropriate treatments from informal providers close to their homes.

6. While malaria is an acute illness, it is also a chronic infection; estimates of frequency of fever among African children suggest one episode every 40 days. The risk of developing complications and death from severe malaria is greatest during the first 24 hours. The correct and prompt management of malaria patients is therefore a fundamental part of malaria control programmes. Early diagnosis and effective treatment of the disease will shorten its duration and prevent the development of complications, thereby greatly reducing the majority of deaths from malaria. In most cases, symptomatic malaria is treated in communities, in peripheral primary health facilities and informal health structures. Recent studies in Ethiopia, Ghana and the Niger found that up to two thirds of the population with illness seek care outside the health system. Effective case management must therefore ensure that appropriate, effective treatment is available at each level of health care, both public and private, as, in some affected communities, the private sector may be the sole provider of antimalarial medications. Increasing community education and participation is also a vital component of effective malaria case management.

7. The WHO home-based management of malaria approach improves access to effective treatment by vulnerable populations (especially children under five years of age) in countries that have low health facility coverage. In Africa, 18 countries have adopted the strategy, of which a number are scaling it up with good community participation and are already experiencing a reduction in childhood mortality. In addition, WHO now recommends the use of rectal artemisinin suppositories as a pre-referral treatment for severe malaria. This intervention has the potential of saving child lives by rapidly reducing parasite densities until the child reaches a health facility where parenteral treatment can be provided.

8. WHO currently recommends parasitological-based confirmation (microscopy or rapid diagnostic test) before treatment, except for children under five years of age in areas of high transmission and suspected severe cases if parasitological confirmation is not immediately available. This will improve the quality of care and will reduce unnecessary use of antimalarials in general. However, it has led to an upsurge in the requests for and use of rapid diagnostic tests in countries. Nevertheless, the gold standard in diagnosis remains high quality microscopy. The quality of products (medicines and diagnostics) and services is also critical for good clinical outcomes, and yet poses enormous challenges in countries. In addition, there are a number of substandard products on the market, and even counterfeit antimalarial medicines. To ensure that countries procure high quality medicines, WHO has established a prequalification scheme for both antimalarials and rapid diagnostic tests with quality assurance laboratories in various regions and is supporting countries to develop a functional network of diagnostic services; a quality assurance system for both microscopy and rapid diagnostic tests; and assessment and training services for microscopists.

9. Monitoring antimalarial drug efficacy is mandatory to allow for proper case management and for early detection of changing patterns of resistance in order to revise national malaria treatment policies. Implementation of adequate and effective drug policy will lead in turn to a reduction of morbidity and mortality. The accepted malaria standard procedure is therapeutic efficacy testing, which involves repeated assessment of clinical and parasitological outcomes of treatment during a fixed

period of follow-up. A standardized protocol for the assessment of antimalarial drug efficacy has been developed, and WHO helps countries in improving quality control of the data. Among the 82 countries where falciparum malaria is endemic, 75 countries have implemented a monitoring system using a national sentinel site network. Based on their surveillance data, more than 60 countries have changed their antimalarial drug policy from monotherapy to combination therapy.

10. Ensuring effective service delivery will put high demands on the health system and require it to address multiple issues, including: (a) efficient drug procurement, supply and distribution systems; (b) quality-controlled laboratory services for diagnostics; (c) adequate training in disease management of sufficient numbers of health staff; (d) quality assurance and drug efficacy surveillance; (e) facilities for referral of severe malaria patients to higher levels of care; and (f) a responsive health management information system. In many countries' public sector, these services, when available, are often of poor quality or facilities lack the necessary commodities. They are therefore underutilized and bypassed as a source of malaria treatment even by the most poor. The Global Malaria Programme case management task force, which bridges all three levels — headquarters, regional and country offices — has developed an operational manual for case management to support national malaria control programmes. The manual contains guidance on the necessary complementary introduction of a community-level surveillance system, including a revised malaria register, and data-collection and reporting forms to track key case management indicators for monitoring project performance, outcomes and impact.

11. Even though ACTs are currently being sold to buyers in the public and non-profit sectors at an ex-factory price of approximately $1, they are still prohibitively expensive for the most poor, and, with retail prices of $8-10 in the private sector, ACTs are available only to the wealthiest patients. A global initiative to enact a "global ACT buyer subsidy" is currently under way to save tens of thousands of lives per year by ensuring that the poor have better access to these essential life-saving antimalarial drugs and to preserve the utility of these drugs for as long as possible. This innovative financing mechanism would result in price reductions for buyers in all sectors, thereby supporting purchases of drugs across the public, private and non-profit sectors. By making drugs more readily available to all sectors, the duration of malaria disease could be reduced, and the current harmful use of monotherapies, which threaten to rapidly induce drug resistance to artemisinin, curtailed. Current estimates to fully implement the subsidy stand at about $275-300 million per year, which includes allocations for monitoring and evaluation, operational research and supportive interventions. It is expected that the subsidy of ex-factory prices could increase the volume of ACTs to 250-350 million treatments. A second-tier subsidy for distribution costs could then raise that volume of ACTs to 300 to 400 million treatments. Global discussions regarding the subsidy are ongoing.

III. Malaria in pregnancy

12. Over half of the approximately 50 million women who become pregnant in malaria-endemic countries each year live in tropical areas of Africa with intense transmission of Plasmodium falciparum. Even though malaria during pregnancy in these regions is mostly asymptomatic, it is a major cause of severe maternal

anaemia, and thereby responsible for approximately one third of preventable low birth weight babies. In areas of low or seasonal transmission, pregnant women are at increased risk of dying from the complications of severe malaria, and of experiencing spontaneous abortion, premature delivery or stillbirth. Co-infection with HIV, by exacerbating maternal anaemia and low birth weight, increases the burden of malaria in pregnancy still further.

13. Intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP), which has been a policy recommendation since 1998 in African countries, has been adopted as policy in all 35 African countries — 22 are deploying countrywide and 13 are at varying stages of implementation. However, deployment of IPTp is being challenged by widespread and increasing resistance of the parasite Plasmodium falciparum to SP. Pending further investigations, a meeting of the technical expert group on IPTp, held in July 2007, recommended the continued use of IPTp with SP as a strategy, along with scaling up distribution of insecticide-treated nets and access to effective treatment in sub-Saharan African countries with stable malaria transmission. IPTp is not recommended for areas of low, unstable transmission in Africa, Asia and Latin America, where emphasis is placed on the use of insecticide-treated nets and prompt recognition and treatment of malaria illness. A system of monitoring the effectiveness of the strategy is being put in place, and WHO will soon issue guidelines for monitoring SP efficacy in pregnant women.

14. WHO is working intensively with research partners to ensure that data is generated on the safety and efficacy of alternatives to SP for both prevention and treatment without delay. Since the majority of African countries have now changed to ACT for first or second-line treatment of malaria, there is an urgent need to obtain safety data on the inadvertent use of ACT in the first trimester of pregnancy. WHO is supporting the establishment of pregnancy registries to facilitate follow-up of women who were exposed to ACT during this critical period.

IV. Malaria prevention

15. WHO has made a recent shift in its guidance on the use of insecticide-treated mosquito nets to protect people from malaria. It is now recommended that insecticidal nets be long-lasting, and distributed either free or be highly subsidized and be used by all community members. Analogous to the "herd immunity" benefit of vaccines, long-lasting insecticidal nets have two kinds of protective effect: one for the people directly under the nets, and one for the community at large. An insecticide-treated net provides a physical barrier for the individual sleeping under it, and in addition, by repelling or killing any mosquitoes that rest on the net, provides an additional protective effect for the community. Therefore, by covering entire communities with long-lasting insecticidal nets, everyone sleeping under a bednet not only reduces their own risk of being infected with malaria, but, through a "mass effect" of the insecticide being available over long periods in the community, the number of mosquitoes in the community is also reduced, their lifespan is shortened and the transmission of malaria is curbed over the long run. Where young children and pregnant women are the most vulnerable, their protection is the immediate priority while progressively achieving full coverage. In areas of low transmission, where all age groups are vulnerable, national programmes should

establish priorities on the basis of the geographical distribution of the malaria burden.

16. It is estimated that around 135 million long-lasting insecticidal nets are needed to achieve universal coverage of only pregnant women and children under five years of age at risk of malaria in Africa. However, net coverage continues to be below agreed targets, particularly in most high-burden countries. Throughout the 31 countries that reported in the Africa region in 2005 — the last date for which complete data is available — 18,166,488 free or highly subsidized insecticide-treated nets were distributed, and 7,568,439 nets were re-treated. High coverage rates with a high degree of equity have been achieved in the following situations: free delivery to entire communities (Eritrea); free or highly subsidized delivery to pregnant women through the African National Congress (Malawi, Kenya, United Republic of Tanzania); and free distribution to children under five in combination with immunization campaigns (Zambia, Ghana, Togo and the Niger). On a more limited scale, high levels have also been achieved in combination with routine expanded programmes on immunization and child health days such as the UNICEF-supported Accelerated Child Survival Development Initiative projects in West and Central Africa. Unfortunately, in general, community-based projects have never been able to achieve high coverage levels in poor rural areas. While social marketing has sometimes been useful for creating demand, its cost-effectiveness has been questioned and it has not achieved high coverage among poor rural populations, especially when insecticide kits are needed to re-treat the nets. A policy targeting only vulnerable groups neglected a crucial point: unprotected individuals serve as reservoirs for malaria infection, carrying the parasite in their bloodstream, and therefore not only becoming sick themselves, but also facilitating transmission back to "protected" groups as nets are not 100 per cent effective. Optimum community protection is achieved when mass coverage with long-lasting insecticidal nets is combined with universal access to timely and effective antimalarial treatment.

17. The bottlenecks to scaling up insecticide-treated nets coverage have been: (a) the need for regular re-treatment; (b) availability; (c) affordability; and (d) implementation. Long-lasting insecticidal nets have been developed by industry to resolve the re-treatment issue and have been found to be significantly cheaper to use than conventionally treated nets. The cost per death averted and cost per disability adjusted life years averted with long-lasting insecticidal nets lasting three years were less than half the comparable costs using conventional insecticide-treated nets. Long-lasting insecticidal nets should therefore be considered a public good for populations living in malaria-endemic areas. Countries will continue to need assistance to scale up the necessary planning, organizational and managerial capacity to plan large-scale distribution campaigns. This must also include an information/education component, as some populations are still reticent to sleeping under an insecticide-treated net or do not use it consistently. The WHO insecticide-treated nets taskforce has drafted an operational manual to provide practical guidance for national implementers managing long-lasting insecticidal net interventions.

18. The other (and older) vector control intervention with wide applicability is indoor residual spraying: the application of insecticides to the inner surfaces of dwellings, where anopheline mosquitoes often rest after taking a blood-meal, with the aim of reducing their life span to such an extent that they cannot transmit

malaria. Indoor residual spraying has been used systematically and on a large scale mainly in those countries that were involved in the global malaria eradication campaign in the 1950s and 1960s.

19. The selection of insecticide for indoor residual spraying in a given area is based on data on insecticide resistance, costs, safety, type of surface to spray and local experience. There are currently 12 insecticides recommended by WHO for indoor residual spraying, belonging to four chemical groups. DDT has the longest residual efficacy against malaria vectors and plays an important role in the management of vector resistance. WHO recommends DDT only for indoor residual spraying, and countries can use DDT for as long as necessary, in the quantity needed, provided that the guidelines and recommendations of WHO and the Stockholm Convention on Persistent Organic Pollutants are all met. It is expected that there will be a continued role for DDT in malaria control until equally cost-effective and efficient alternatives are available. An updated position paper on DDT has been drafted by WHO, to be issued in late 2007. WHO is preparing a new comprehensive operational manual and new monitoring systems on indoor residual spraying, and will in the coming year greatly intensify its work to assist countries to make the best use of this intervention.

20. Trends in the application of indoor residual spraying vary from region to region. In Africa, approximately 22 countries use indoor residual spraying for malaria control or to prevent reintroduction (Angola, Botswana, Burundi, Cape Verde, Côte d'Ivoire, Eritrea, Ethiopia, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Uganda, Zambia and Zimbabwe). In Asia, in four countries — Iraq, Myanmar, Thailand and Viet Nam (of 22 regular users) — the number of households covered increased from 2,297,000 to 3,052,000 from 2000 to 2003, and in the Americas, in 9 (of 21) countries regularly applying indoor residual spraying (Costa Rica, Nicaragua, Panama, Dominican Republic, Bolivia, Colombia, Ecuador, the Bolivarian Republic of Venezuela and Argentina), the overall number of households decreased from 411,000 to 229,000, even though coverage was actually increasing in some countries. The most people protected by indoor residual spraying in the world are in India, where 38.5 million people were protected in 2005, mainly with DDT.

V. Surveillance, monitoring and evaluation

21. Estimates fall short of the real burden as the disease covers a wide spectrum of presentations: ranging from asymptomatic infection to severe illness and death. The problem of measuring progress and impact is compounded by inadequate diagnosis and incomplete reporting. Additionally, countries generally have no baseline against which to measure. The vastly increased resources and efforts to scale up antimalarial interventions in populations at risk, particularly the World Bank Booster Programme, the Global Fund allocations for malaria and the United States President's Malaria Initiative, all call for rigorous monitoring and evaluation at the country level. Current reliance on routine health information systems is not sufficiently representative, as large sectors of the populace (mostly the lower quintiles) do not have access to health services, and information is not collected systematically. This has led to inaccurate programme assessments and failures to report adequately on the progress made.

22. Given the complexity of malaria as a disease and multiple malaria control interventions, many of which are delivered outside the public health system, monitoring and evaluation solutions need to be flexible to reach the community and household level, and capture data from hard-to-reach populations. WHO is helping countries in the development and implementation of a country database with field-tested indicators. The information for this database is being collected through the nationwide strengthening of health information systems, which will also help countries collect data for other diseases. Intensive data-collection efforts are ongoing in anticipation of the *World Malaria Report 2007* to be released in early 2008, which will contain information on epidemiological, programmatic and financial indicators. The Global Malaria Programme is also designing a generic health information management system that will help countries to properly assess programme performance, leading to improved policies and outcomes.

VI. Malaria elimination

23. The aims of the global fight against malaria are not only to reduce the burden of malaria in endemic areas, but also to reduce and confine the geographical extent of malaria-endemic areas in the world. The latter entails the elimination of malaria from countries and localities where this is feasible. Over the last decade, an increasing number of countries have been successful in interrupting local mosquito-borne malaria transmission, seen as vital for public health, business and tourism. At present, 7 of the 107 malaria-endemic countries and territories worldwide are reporting zero locally acquired infections. Others have reduced their malaria burden to levels where elimination is becoming a possibility. The WHO Global Malaria Programme has decided to put a renewed focus on malaria elimination, including the development of guidelines for national malaria elimination programmes, the provision of technical and operational support to countries in the near-elimination phase, and the setting up mechanisms for official certification. In January 2007, the United Arab Emirates was the first formerly endemic country since the 1980s to be certified malaria-free by WHO. Certification procedures for Oman are currently ongoing. Malaria elimination evolves from a successful countrywide malaria control effort. The WHO malaria elimination task force has identified four programme phases in this continuum: control; pre-elimination; elimination; and prevention of re-introduction. The milestone for the first of these phases has been determined as a malaria case load of consistently less than 5 per cent of all febrile patients. Full transition to an elimination programme is usually possible only once malaria cases are becoming relatively scarce, at less than 1 patient per 1,000 people at risk per year, or roughly 100 malaria patients per district annually. Progress towards elimination is in its final phase when locally acquired cases are down to zero. At present, some 10 countries worldwide are implementing malaria elimination programmes, including Algeria, Argentina, Armenia, Egypt, El Salvador, Iraq, Paraguay, Saudi Arabia, Turkmenistan and the Republic of Korea. A further 11 are implementing pre-elimination programmes,[1] and 7 countries are aiming for "malaria-free zones".

[1] Azerbaijan, Democratic People's Republic of Korea, Georgia, Iran (Islamic Republic of), Kyrgyzstan, Malaysia, Mexico, Sri Lanka, Tajikistan, Turkey and Uzbekistan.

24. The WHO European and eastern Mediterranean regions have adopted malaria elimination as (part of) their regional strategy, as a logical extension of the malaria control successes achieved by their member States. Over the period 1999-2006, the malaria-endemic countries in the WHO European region reported an almost 15-fold reduction in the number of locally acquired malaria cases, with a combined total of only 2,520 such cases recorded in 2006. Nevertheless, even when a country has eliminated malaria, it still remains at risk for re-introduction through international travel and migration. Malaria elimination is closely linked to the achievement of various Millennium Development Goals, as most countries that have successfully achieved interruption of malaria transmission have also achieved an improvement in the overall socio-economic situation, health services coverage and living standards of their populations. Malaria-free status also adds to these developments by removing barriers to investment and tourism.

VII. Malaria and health systems

25. Recent estimates show that malaria has a significant burden on health systems. In Africa, malaria, on average, is the cause of 25 per cent to 45 per cent of all outpatient visits. Malaria also has a high case fatality rate among admitted patients, as they often present late, or are managed inadequately, or effective drugs are unavailable. Effective malaria control requires better and improved health management and information systems and surveillance systems to help health planners quantify the burden of malaria, and adequately estimate and allocate resources to health services. Currently, effective delivery of interventions is hampered by lack of staff, and long-term predictable commitments of funding from the donor in order to strengthen the health-care infrastructure in malaria-endemic countries. Poor health infrastructure, coupled with insufficient supplies of essential drugs and other preventive measures, such as nets and insecticides, and inadequate supervision of health-care providers, leads to poor service delivery. Malaria-endemic countries need support to: (a) develop managerial capacity to oversee health-care personnel; (b) develop efficient mechanisms for quality laboratory services to ensure reliable diagnosis and effective case management; (c) increase accessibility of health services, especially in geographically remote areas; (d) improve private-public mechanisms for health service delivery; (e) strengthen procurement and distribution systems for medicines, reagents, insecticides and other essential commodities; and (f) put in place measures to retain skilled personnel at the district and community level.

26. Coordinated sectorwide development will greatly improve efforts to control malaria. The WHO Global Malaria Programme is focusing on scaling up and improving its support interventions particularly at the primary care level, in order to maximize the effectiveness of a given patient encounter with the health system. It is doing so through cascade-style training, which will address the current deficit in skilled personnel to deliver effective patient management at the health-facility level and the lack of training in epidemiology, entomology, and laboratory diagnostics. Special emphasis is also being placed on maximizing prevention, ensuring that services are tailored and delivered to the poor, vulnerable groups, and hard-to-reach populations. This will entail more health-care workers at the community level, teaching mothers and community-based workers to manage malaria at home.

27. There is a need for a multisectoral approach and for heightened advocacy with the ministries of finance to raise awareness of the benefits of investing in health and to gather political support for long-term investments in the health sector. Investments in malaria control are high yielding and highly cost effective: for a typical household of six people, coverage with three long-lasting insecticidal nets will cost between $0.55 and $0.91 per person per year. For a long-lasting insecticidal net that lasts five years, costing approximately $5.50, the estimated cost per child death averted is $145, with costs going down the longer the net lasts. It is critical to support countries in analysing their implementation gaps and to focus on understanding which high-impact, cost-effective interventions can be scaled up quickly in each country's context. Insecticide-treated nets, indoor residual household spraying, and intermittent preventive treatment during pregnancy were identified as neglected low-cost opportunities in sub-Saharan Africa in the 2006 report of the Disease Control Priorities Project. Additionally, the 2004 Copenhagen Consensus rated controlling and treating malaria as a "very good" use of resources in developing countries. The limiting factor to achieving high coverage and overcoming operational barriers is the level of health infrastructure, which in many malaria-endemic countries, particularly in Africa, is very low and continues to require substantial assistance from external donors. However, the evidence has shown that the incremental cost of interventions is lower when implemented together, as resources can be shared. There is a need for continued research into the relative cost-effectiveness of different interventions and combinations of interventions in various settings.

VIII. Funding and resource mobilization

28. The estimated global resources needed to effectively control malaria are about $3.8 to $4.5 billion per year,[2] depending on how fast prevention brings down the number of cases and therefore the need for treatment. This includes costs for commodities, distribution, health system strengthening activities, and technical assistance for national programmes. The average costs for Africa would be $1.7 to $2.2 billion. In addition, in order to receive adequate attention from donors and in national budgets, national health priorities must be linked with poverty reduction strategy papers, achievement of the Millennium Development Goals, and other development agendas. Issues of harmonization and predictability of external funding are critical when undertaking long-term investments in the health sector, and call for heightened coordination of countries and partners. At the country level, reliable information on burden of disease and financing for malaria services (particularly national spending) is lacking, rendering difficult informed policymaking and effective resource allocation. Use of the informal private sector for malaria treatment, combined with weak health information systems, presents a challenge for accurate estimation of current malaria spending. Approximately 60 per cent of all malaria episodes in sub-Saharan Africa are initially treated by private providers, mainly through the purchase of drugs from shops and drug peddlers. Furthermore, as donors move towards budget support rather than earmarked funding, there is a heightened need to develop effective tools to track the flows of development assistance for health. To address these issues, WHO is supporting the

[2] World Health Organization, "Estimated global resources needed to attain international malaria control goals", *Bulletin of the World Health Organization*, vol. 85, No. 8 (2007).

implementation of national health accounts in a number of countries, and is contributing to the development of a malaria sub-analysis framework that could be used to measure national malaria expenditures. Financing of national malaria control plans will need to take into account several key issues: (a) in countries that have adopted ACTs as first-line treatment for malaria, as per WHO guidelines, there is a need to identify sustainable source(s) of funds to meet current and future needs; (b) financing the distribution of long-lasting insecticidal nets to achieve wide coverage and usage, particularly in rural areas; and (c) identifying funding sources to attract, train and retain key service personnel who form the touchstone of malaria service provision across all interventions.

29. Governments must intervene to fund malaria control to correct market failures and inequities in provision of services. Public sector constraints include limited government revenues and restrictive macroeconomic policies. While there has been some alleviation in the form of debt write-off, this is still insufficient to encourage Governments to change their resource allocation patterns. More emphasis and research into methods of mixing public-private interventions to ensure patients are receiving the best quality of care is still required. In the 2000 Abuja Declaration, the Heads of State and Government pledged to allocate 15 per cent of national budgets to the health sector. Despite modest progress being made by some Member States, the proportion of national budget devoted to health financing is still low in many countries (only Djibouti and Botswana have proportioned 15 per cent or more of their national budgets to health). The last estimates found that about $300 million per year is provided by domestic sources for malaria.

30. The Global Fund reports that its total international disbursements for malaria up to August 2007 were approximately $1 billion. The Global Fund to Fight AIDS, Tuberculosis and Malaria is active in 77 countries, funding a total of 113 malaria grants for a total approved funding of $1.7 billion. However, the future of the Global Fund is by no means assured, and yet many countries have completely overhauled their systems in order to respond to the Global Fund without having assured long-term commitments beyond the initial two-year grant phase. If countries "perform well", they may go onto a further three years or be eligible for the recently instituted "rolling continuation channel" funding. The Global Fund has also begun exploring the possibility of funding a countries' national strategic plan when this is appropriately costed and is accompanied by a comprehensive workplan. Nevertheless, the Global Fund has not always been lenient in considering the implementation constraints particular to malaria, such as supply chain delays, including the long-lead in artemisinin production for ACTs and availability of long-lasting insecticidal nets, which are only now being resolved. Malaria grants, generally, have the lowest performance ratings (more grants are rated B2 and C) of the three diseases and therefore run the risk of grant loss more often.

31. Other major donors have also raised expectations that additional funds will be available for malaria. The United States President's Malaria Initiative established in 2005 has a goal of reducing malaria-related mortality by 50 per cent in 15 target countries in sub-Saharan Africa. This five-year initiative (2005-2010) is an announced increase in funding of $1.2 billion. However, other United States-sponsored malaria programmes (such as United States Agency for International Development umbrella grants for malaria) are being reduced apparently to cover the President's Malaria Initiative commitments. Also in 2005, the Global Strategy and Booster Programme for Malaria Control were launched as the World Bank's new

plan for controlling the disease. Over its first phase (2005-2008), 15 countries and one major cross-border regional project have been approved. The second phase, 2008-2015, is currently being designed. Total commitments for malaria control in Africa by the World Bank are currently approximately $500 million. In recognition of the need to ensure that funding is mutually reinforcing and complementary, the World Bank is emphasizing donor harmonization in malaria control, and is working to mobilize additional resources from partners. In 2006, the Bill and Melinda Gates Foundation committed $83.5 million in new malaria grants. This funding will support some malaria prevention and treatment programmes, as well as research and development. It is estimated that continual development of new drugs at the rate dictated by emerging drug resistance would cost at least $30 million a year.

IX. Progress in and challenges to achieving the Millennium Development Goals

32. One of the key developments in the past two years has been the reinforcement and redirection of WHO's malaria department to focus on developing strategies, guidelines and country-relevant tools on "how" to tackle malaria where the burden is greatest. The programme is also taking a lead role in defining research priorities and ensuring that critical gaps in knowledge are being addressed, ensuring that research outcomes deliver practical policy recommendations. All levels of the programme are coordinating and streamlining their technical guidance to scale up the three key interventions, namely, prompt and effective treatment with ACTs, distribution of long-lasting insecticidal nets to all at risk of malaria, and indoor residual spraying interventions to reach the poorest populations, and collecting undisputable evidence of efficacy, efficiency and operational impact.

33. While there are still many challenges to be faced on the African continent, there is evidence that malaria cases have decreased in seven countries (Botswana, Burundi, Eritrea, Malawi, South Africa, Swaziland and Zanzibar (Tanzania)). South Africa, in particular, was able to significantly reduce its morbidity and mortality through a combination of interventions, including 90 per cent operational coverage with indoor residual spraying in 2003 and 2004. Swaziland has also been able to reduce the number of clinical malaria cases by 75 per cent, from more than 45,000 in 2000 to less than 10,000 in 2005, representing one of the few examples of achievement of the Roll Back Malaria Partnership goal of reducing malaria morbidity by 2010. As of 2006, the Americas have also brought about a 21 per cent reduction in malaria cases, and a 69 per cent reduction in mortality, relative to 2000. Nonetheless, an outbreak of malaria in Jamaica in late 2006 showed that even countries that have been certified malaria-free or where transmission has been absent for over 10 years must remain highly vigilant of the threat of reintroduction. There has also been a decrease in the malaria situation in the nine countries in the Middle East and North Africa, relative to 2000. The nine malaria-endemic countries in the WHO's European region have also shown a decrease in their malaria situation relative to 2000. Progress in the region has been such that the European regional strategy for 2005-2015 is focusing on eliminating malaria from the region through the enhancement of national capacities for decision-making, investing in human development and capacity-building, improving capacities for disease management, strengthening capacities for containment and prevention of epidemics, promoting cost-effective preventive measures, strengthening surveillance and operational

research capabilities, ensuring community mobilization and enhancing intersectoral collaboration. In the WHO South-East Asia region, Bhutan, the Democratic People's Republic of Korea, Sri Lanka and Thailand have successfully reduced their malaria burden relative to 2000. However, the region's countries continue to be hindered by natural disasters and conflict, which undermines the health care delivery for all diseases, but in particular for malaria. All of the malaria-endemic countries of the western Pacific region have mostly shown steadily declining trends in confirmed malaria cases and annual mortality rates, except for Solomon Islands and Vanuatu.

X. Conclusions and recommendations

34. **Malaria control is currently hindered by a number of challenges. First, while there has been some progress since 2000, there is still a critical shortage of reliable, accurate and constant malaria data. Information is at times available at the peripheral level; however, not many countries, particularly in Africa, have in place either the capacity or management structures to aggregate and analyse indicators on the epidemiological situation, health delivery structure, drug and insecticide resistance, and resource flows at the central level. Without this information, countries cannot monitor programme performance, coverage or impact. National malaria programmes therefore cannot effectively guide the allocation of programme resources, take informed management decisions or enhance public-private collaborations to better reach target populations and goals. Second, while malaria-specific funding has been increasing, it is also increasingly focusing on the funding of commodities without concurrent increases in funding for technical assistance to build country capacity and the overarching needs of the health systems, which also hinder implementation of malaria programmes. This lack of funding and lack of capacity act on each other in a vicious circle: without capacity countries cannot absorb the available funding, and without funding they cannot develop capacity. Various initiatives are therefore hindered by implementation challenges and do not achieve their expected impact, leaving malaria morbidity and mortality levels unacceptably high.**

35. **Some interventions have begun to show substantial progress in recent years. Distribution of long-lasting insecticidal nets, particularly when combined with strong programmes such as the expanded programme on immunization, has been particularly effective and has begun to raise coverage rates in some areas. Increased access to effective case management and coverage with indoor residual spraying are progressing at a slower pace but are also beginning to demonstrate considerable improvement. Nevertheless, many countries will need to undergo extensive and fundamental changes in their malaria control programmes if they are to reach their malaria controls and targets. Such changes will require renewed commitment from all levels of the government and resources (both financial and human) for the implementation of accurate policies, and sustainable and evidence-proven strategies. New implementation challenges and knowledge gaps are emerging, and the resources available for malaria control still fall dramatically short of what is needed to effectively combat the disease. Compared to many other diseases, the tools to effectively control malaria are already known. Funding is reaching the country level, but**

malaria-endemic countries still need strategic and technical guidance to improve their capacities and ensure that funding is being spent effectively.

36. On the basis of the findings of the present report and those of World Health Assembly resolution 60/18, it is recommended that the General Assembly call upon malaria-endemic countries to:

(a) Apply WHO-recommended policies, strategies and tools to their specific contexts, and establish evidence-based national policies, operational plans and performance-based monitoring and evaluation towards scaling up effective coverage of major preventive and curative interventions to populations at risk, and assessing programme performance, intervention coverage and impact effectively in a timely manner;

(b) With support from WHO, use the country database to systematically collect and analyse existing information on their malaria situation, including epidemiology, national policies and programme performance, coverage of interventions, financing, and drug and insecticide resistance status;

(c) Assess the capacity of their national malaria programmes, particularly their human resources, and ensure that skilled personnel are in place in adequate numbers at all levels of the health system to meet technical and operational needs as increased funding for malaria control programmes becomes available;

(d) Respond to the need for strengthening their health systems and ensure integrated delivery of health services at the district level, including attention to health personnel, supplies of drugs and preventive measures, and adequate health infrastructure;

(e) Encourage intersectoral collaboration, particularly at the highest levels of government, i.e. the ministries of finance, education, agriculture, economic development and the environment, and maintain and strengthen existing intercountry, multi-institutional, and multisectoral malaria networks;

(f) With support from WHO, strengthen drug resistance surveillance systems, and WHO to coordinate a global surveillance network for monitoring and management of drug resistance;

(g) With support from WHO, undertake development of insecticide resistance surveillance systems, and WHO to coordinate a global network for monitoring and management of insecticide resistance;

(h) Continue to prohibit the marketing of oral artemisinin monotherapies, and the cessation of funding for the procurement of oral artemisinin monotherapies by international agencies;

(i) Waive taxes and tariffs for nets, drugs, and other products needed for malaria control, both to reduce the price of these commodities to consumers and to stimulate free trade in these products.

37. On the basis of the findings of the present report and those of the World Health Assembly resolution 60/18, it is recommended that the General Assembly call upon:

(a) Bilateral and multilateral funding partners to become fully knowledgeable of WHO's technical policies and strategies, including for indoor residual spraying, insecticide-treated nets and case management, to ensure that funding supports only projects that are in accord with these, and consider submitting technical components of projects under consideration to be reviewed by WHO prior to approval to ensure adherence to the latest WHO technical recommendations;

(b) International partners to use monitoring and evaluation systems as developed by WHO as minimum core indicators, rather than adopting parallel systems. In addition, WHO, together with countries and other partners, to develop simple, less costly survey methodologies to effectively assess impact and coverage of antimalarial interventions in a timely manner;

(c) All donor agencies and food-importing countries to issue a clear statement outlining their position on the use of DDT for indoor residual spraying, when it is implemented where indicated and in accordance with WHO guidelines, and to provide all possible support to malaria-endemic countries to manage the intervention effectively and prevent the contamination of agricultural products with DDT and other insecticides used for indoor residual spraying;

(d) Producers of long-lasting insecticidal nets to accelerate technology transfer to developing countries, and the World Bank and regional development funds to consider supporting malaria-endemic countries to establish factories to scale up production of long-lasting insecticidal nets;

(e) The international community to reach a consensus on appropriate levels and sources of subsidies for key commodities, namely long-lasting insecticidal nets and ACTs, to enable expanded access to good quality drugs and preventive measures to populations at risk of malaria, and to fight the counterfeit drug trade in developing countries;

(f) The international community, inter alia, to financially enhance the Global Fund to Fight AIDS, Tuberculosis and Malaria for it to be able to continue supporting countries, and to provide adequate complementary resources for technical assistance, particularly for the World Health Organization and the United Nations Children's Fund, to ensure that funds can be absorbed and used effectively in countries.

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Advocacy strategy on the effective and timely implementation of the Programme of Action for the Least Developed Countries for the Decade 2001-2010

Report of the Secretary-General**

Summary

The advocacy strategy on the effective and timely implementation of the Programme of Action for the Least Developed Countries for the Decade 2001-2010, contained in the present report, has been prepared pursuant to General Assembly resolution 61/211. The advocacy strategy defines the approaches that shall be used to raise awareness about the objectives, goals and commitments of the Programme of Action for the Least Developed Countries for its effective and timely implementation. It will guide the advocacy work of the United Nations with a broad range of stakeholders, including Member States; other international and regional organizations; international and regional financial institutions; non-governmental organizations; the private sector; foundations; academia; the media; and the general public.

* A/62/150.
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Contents

		Page
I.	Introduction	3
II.	The advocacy strategy	4
	A. Advocacy objectives	5
	B. Target audiences	5
	C. Areas of focus	5
	D. Advocacy: means and tools	11
	E. Implementation and coordination	13
	F. Duration	14
	G. Funding	14
	H. Monitoring	14

I. Introduction

1. The overarching objective of the Programme of Action for the Least Developed Countries for the Decade 2001-2010 is to make substantial progress towards halving the proportion of people living in extreme poverty and suffering from hunger by 2015 and promote the sustainable development of the least developed countries.[1] The Programme of Action provides a framework for a global partnership to accelerate sustained economic growth and sustainable development in the least developed countries to end marginalization by eradicating poverty, inequality and deprivation in these countries and to enable them to integrate beneficially into the global economy.

2. In the course of the implementation of the Programme of Action by the least developed countries and their development partners, tangible results have been achieved, including higher rates of economic growth and improvements in some quantitative measures of human development for least developed countries as a group. However, the impact of these achievements on poverty levels and the quality of life has been marginal for the great majority of the least developed countries.[2] Moreover, stakeholders' efforts to deliver on their commitments under the Programme of Action continue, for the most part, to fall short of what is needed to achieve its objectives. As the General Assembly acknowledged in its midterm review of the implementation of the Programme of Action undertaken in 2006, much remains to be done, particularly in the area of poverty eradication.[3] With only three years left to the end of the Programme, there is an urgent need to significantly accelerate its implementation, especially in those areas that were highlighted through the midterm review process as deserving greater attention.

3. Against this backdrop, in paragraph 18 of its resolution 61/211, the General Assembly requested the Secretary-General to elaborate and submit to the General Assembly at its sixty-second session a detailed and clearly defined advocacy strategy aimed at raising awareness about the objectives, goals and commitments of the Programme of Action with a view to facilitating its effective and timely implementation.[4] The advocacy strategy implemented by the United Nations will seek to galvanize actions by all stakeholders for the accelerated implementation of the Programme of Action. This will be achieved by drawing sustained attention at the national, regional and international levels to the shortfalls, challenges and opportunities in the implementation of the Programme.

4. The advocacy strategy takes due account of the ongoing advocacy work undertaken by the United Nations, especially through the Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States in accordance with its mandate under General Assembly resolution 56/227. Such work includes:

(a) Establishing an advocacy unit within the Office to provide support to advocacy efforts;

[1] A/CONF.191/11, chap. II, para. 6.
[2] See A/61/173.
[3] Resolution 61/1, para. 9.
[4] Resolution 61/211, para. 18.

(b) Engaging with other United Nations entities to mainstream the Programme of Action in their programmes and activities;

(c) Drawing attention to issues of interest to least developed countries in national and international forums;

(d) Establishing and maintaining a website on least developed country issues;

(e) Commissioning studies on selected issues pertaining to least developed countries;

(f) Organizing conferences, discussions and other forums to discuss issues of interest to least developed countries;

(g) Encouraging media coverage of the development challenges and opportunities for least developed countries;

(h) Issuing press statements, feature releases, interviews and analytical articles;

(i) Building partnerships with other United Nations entities, multilateral institutions, civil society and the private sector for collaborative activities in support of least developed countries.

5. These advocacy efforts, undertaken in cooperation with other relevant parts of the United Nations system, have contributed to specific actions in the implementation of the Programme of Action by the least developed countries and their development partners, including decisions by 19 United Nations system and other multilateral organizations to mainstream the Programme of Action; a significant increase in expenditures of the United Nations system on operational activities for development in the least developed countries; the designation of focal points by least developed countries, United Nations system organizations and other multilateral entities; initiation of programmes by United Nations system organizations and other partners in support of least developed countries; analyses of the development challenges of least developed countries by United Nations system organizations within their respective mandates; and greater attention to the special needs of least developed countries in intergovernmental processes. The advocacy strategy outlined below seeks to build upon, expand and intensify these efforts.

II. The advocacy strategy

6. The United Nations, in collaboration with other relevant stakeholders, will undertake intensive, focused and sustained advocacy to raise awareness about the Brussels Programme of Action, with a view to accelerating its full and effective implementation by all partners. The advocacy efforts in the remaining three years of the Programme of Action will seek to advance its implementation by focusing on areas of the Programme of Action where progress has been particularly lacking or limited, as highlighted during the midterm review of the implementation of the Programme of Action undertaken in 2006.

A. Advocacy objectives

7. In accordance with General Assembly resolution 61/211, the overarching objective of advocacy actions will be increased awareness about the objectives, goals and commitments of the Programme of Action, with a view to facilitating its effective and timely implementation by all stakeholders. To that end, advocacy actions will pursue the following strategic objectives:

(a) Increased awareness about the shortfalls, challenges and opportunities in the implementation of the Programme of Action among all stakeholders;

(b) Broader and stronger actions and partnerships at the national, regional and international levels in support of the implementation of the Programme of Action;

(c) Further actions by the United Nations system at the national, regional and international levels in the implementation of the Programme of Action.

B. Target audiences

8. Advocacy actions will be aimed at the following stakeholders who have been identified by the Programme of Action and General Assembly resolution 56/227 as having a role to play in the implementation of the Programme of Action:

(a) Least developed country Governments;

(b) Governments of donor countries;

(c) Governments of developing countries;

(d) United Nations system organizations;

(e) Bretton Woods institutions, regional financial institutions and other international organizations;

(f) Regional and subregional intergovernmental organizations;

(g) Media;

(h) Civil society, including non-governmental organizations;

(i) The private sector;

(j) Foundations;

(k) Academia.

The advocacy objectives, tools and messages will be tailored to the roles of the respective stakeholders in the implementation of the Programme of Action.

C. Areas of focus

9. Advocacy actions will focus on the overall implementation of the Programme of Action with particular attention to those areas where progress is lacking, as highlighted by the midterm review, and the reports of the Secretary-General on the implementation of the Programme of Action. Based on the declaration of the high-level meeting on the midterm review of the implementation of the Programme of

Action;[5] the Secretary-General's report on the implementation of the Programme of Action in its first five years;[6] and the Secretary-General's annual report on the implementation of the Programme of Action of 2007,[7] advocacy efforts will focus on the following areas.

1. Advancing the implementation of the Programme of Action as a whole

10. Progress achieved in the implementation of the Programme of Action so far provides a major opportunity to provide further impetus to its full and timely realization. The least developed countries have made major efforts to strengthen their development policy framework and governance, with a sharper focus on poverty eradication. Development partners have made efforts in the areas of development assistance, debt relief and market access opportunities for least developed countries. These efforts have contributed to improved economic performance by least developed countries, with annual economic growth averaging 6.5 per cent between 2001 and 2005.[8] However, serious challenges remain. Many least developed countries are still short of the Programme of Action target of 7 per cent annual economic growth, and improved economic performance has impacted marginally on poverty levels and the quality of life in many cases. Nevertheless, the achievements so far demonstrate that with determined action by all parties to deliver on their commitments, the objectives and targets of the Programme of Action can be met. Thus the high-level meeting of the sixty-first session of the General Assembly on the midterm review of the implementation of the Programme of Action declared that internationally agreed development goals, including the Millennium Development Goals, can be effectively achieved in the least developed countries through, in particular, the timely fulfilment of the seven commitments of the Programme of Action.[9]

11. Advocacy actions to advance the implementation of the Programme of Action as a whole will tap into the results attained so far and the momentum generated by the midterm review, including the renewal by all parties of their commitments under the Programme Action. In particular, the United Nations will pursue the following advocacy actions:

(a) Continue to raise general awareness about the Programme of Action through the advocacy efforts of the Secretary-General and other senior United Nations officials and developing and disseminating information and communication materials about its objectives, goals and commitments. Such materials will include brochures, fact sheets, posters, newsletters and statistical information;

(b) Conduct regular briefing meetings for Member States, international organizations, civil society organizations, the media, the private sector and other stakeholders to sensitize and update them on the implementation of the Programme of Action;

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[5] Resolution 61/1.
[6] A/61/173.
[7] A/62/79-E/2007/63.
[8] A/61/173, para. 6.
[9] Resolution 61/1, para. 5.

(c) Integrate the Programme of Action into the public outreach activities of the United Nations system, including outreach to civil society, the private sector, academia and the general public;

(d) Prepare and disseminate information on best practices and success stories in the implementation of the Programme of Action to encourage more and broader actions in its implementation.

2. Financial resources for development

12. The midterm review of the implementation of the Programme of Action highlighted the lack of necessary financial resources as one of the greatest constraints to the implementation of the Programme of Action by least developed countries. Except for oil-exporting countries within this group, there has been no significant improvement in domestically generated revenues of least developed countries. External support, especially in the form of official development assistance (ODA) and debt cancellation, remains essential to the implementation of the Programme of Action.

13. Between 2001, when the Programme of Action was adopted, and 2005, ODA to least developed countries increased by about 75 per cent. However, despite recent pledges, most donors are falling behind the target of 0.20 per cent of their gross national income in official development assistance to least developed countries. In 2005, only 6 out of 22 donors met the 0.20 per cent target, down from 7 in 2004.[10] Moreover, the share of aid to least developed countries in total official development assistance has dropped.[11] Preliminary figures for 2006 released by the Organization for Economic Cooperation and Development indicated a decline in overall ODA, a change that would be a major cause for concern if it were confirmed. Moreover, the definition of ODA appears to be diluted by inclusion of other items such as debt relief. On the other hand, important steps, such as the Paris Declaration on Aid Effectiveness, have been taken to improve the quality of aid. Progress towards the cancellation of the external debt of least developed countries, particularly the implementation of the Multilateral Debt Relief Initiative, needs to be accelerated. More action is also needed to cancel the bilateral debt owed by the least developed countries. At the same time, least developed countries should strengthen their efficiency in the utilization of available resources for poverty reduction.

14. The following advocacy actions will be undertaken in support of efforts to mobilize resources for the implementation of the Programme of Action:

(a) Generate and disseminate information on the progress of development partners towards meeting their ODA targets, as well as the progress of least developed countries in mobilizing domestic resources for poverty reduction;

(b) In collaboration with civil society organizations, campaign for increased official development assistance on improved terms;

(c) Promote non-traditional sources of development financing to complement official development assistance;

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[10] The 6 of a total of 22 member countries of the Development Assistance Committee of the Organization for Economic Cooperation and Development that met the 0.20 target were Denmark, Ireland, Luxembourg, Netherlands, Norway and Sweden.

[11] See A/62/79-E/2007/63, para. 63; and A/61/173, para. 22.

(d) Promote improved expenditure, budgetary and accountability frameworks for enhanced efficiency, transparency and accountability in the absorption and utilization of increased external and domestic resources for development;

(e) Campaign for the cancellation of bilateral debt owed by least developed countries.

3. Trade

15. The Programme of Action recognizes trade as an increasingly important source of resources for financing growth and development and calls for duty-free and quota-free market access for all products of least developed countries. Progress has been made towards duty-free and quota-free market access for the products of least developed countries, but due to both demand-side and supply-side constraints, the share of least developed countries in world exports has increased only marginally since the adoption of the Programme of Action, and remains well below 1 per cent.[12] At the World Trade Organization Ministerial Conference in December 2005, developed countries agreed to eliminate duties and quotas on imports from the least developed countries accounted for by 97 per cent of the tariff lines of each developed country. Since most least developed countries export a small number of products, a major limitation of this agreement is that the 3 per cent of tariff lines that are excluded could cover a large proportion of each least developed country's exports, thereby eroding any potential benefits. Moreover, the agreement falls short of the commitment of the developed countries under the Programme of Action to provide full market access to all products from all least developed countries. Lack of progress on the development aspects of the Doha round of multilateral trade negotiations remains a key concern. In addition, non-tariff barriers remain a major obstacle to least developed countries' trading opportunities.

16. In view of the above, the United Nations will undertake the following advocacy actions concerning trade:

(a) Continue to campaign for full and effective access for all products from all least developed countries to the markets of developed countries; elimination of trade-distorting subsidies and non-tariff barriers that negatively affect least developed countries' actual or potential exports;

(b) Advocate greater support for strengthening trade-related capacities in least developed countries, and for increased trade-related technical assistance to them, including within the framework of Integrated Framework and Aid for Trade;

(c) Generate and disseminate up-to-date information on trade constraints and opportunities for least developed countries;

(d) Facilitate interactions among least developed countries, development partners, civil society and the private sectors on trade-related challenges and opportunities for least developed countries;

(e) Promote further use of South-South trade for the benefit of least developed countries, and campaign for the sharing of best practices among least developed countries and with other developing countries on trade.

[12] See A/62/79, para. 50.

4. Infrastructure

17. Least developed countries are still far from reaching the Programme of Action target of increasing road networks and connections to the level of other developing countries. While cellular technology has enabled least developed countries to increase average telephone density to 3.2 lines per 100 inhabitants compared to the target of 5 lines per 100 inhabitants, Internet usage, at less than 1 per cent of the population, remains well below the target of 10 per cent.[13] Many least developed countries are experiencing severe energy shortages, which is not only a hindrance to economic growth, but poses health and environmental challenges.

18. In the social sectors, the quantity and quality of schools, medical centres and similar facilities remain inadequate in most least developed countries, particularly in rural areas. Efforts to improve access to water and sanitation have concentrated on urban areas, with only 28 least developed countries on track to achieve the target for provision of clean water in rural areas.[14] There remains an acute need for investment to increase education and health facilities, to provide safe water to rural areas and to improve sanitation throughout the least developed countries.

19. The following advocacy actions will be undertaken to raise awareness about the infrastructure needs of least developed countries:

(a) Generate and disseminate information on the infrastructure needs and challenges of least developed countries;

(b) Promote private sector investment in the development, maintenance and management of infrastructure in least developed countries;

(c) Campaign for increased financial and technical assistance by developed countries and multilateral organizations towards development, maintenance and management of infrastructure in least developed countries;

(d) Promote South-South cooperation for the development of infrastructure in least developed countries.

5. Health, HIV/AIDS and other diseases

20. At 51 years, life expectancy in the least developed countries remains the lowest in the world. Worse still, it is declining in a number of African least developed countries. Extreme poverty, poor nutrition, HIV/AIDS, tuberculosis, malaria and other preventable diseases, exacerbated by inadequate health and social services, are the main contributing factors. Only five least developed countries are close to achieving the target of reducing maternal mortality by three quarters by 2015. Similarly, many least developed countries have not made any significant progress towards the targets of the Programme of Action to reduce infant and child mortality. There is a decline in new infections of HIV/AIDS in the majority of least developed countries, but about one quarter of those infected live in these countries, one of the main reasons for the high incidence of tuberculosis. Malaria remains a major concern, with half the 30 least developed countries for which data is available experiencing an increase in both the incidence of malaria and malaria deaths.[15] Not

[13] A/61/173, table 2.
[14] A/62/79-E/2007/63, para. 34.
[15] A/62/79-E/2007/63, paras. 28-40.

only do these health challenges inflict human suffering, but they also severely undermine development efforts in the least developed countries.

21. The advocacy actions to encourage greater efforts to address the health challenges of least developed countries will be coordinated with ongoing initiatives and campaigns, and will focus on:

(a) Generating and disseminating information and analyses on the health challenges of least developed countries and their implications for sustainable development;

(b) Campaigning for greater ODA and capacity-building towards the health sectors in the least developed countries;

(c) Highlighting the health challenges of the least developed countries through other relevant advocacy initiatives of the United Nations, including the United Nations Millennium Campaign.

6. Employment

22. According to the *Least Developed Countries Report 2006* prepared by the United Nations Conference on Trade and Development, the labour force in the least developed countries grew by 71 million between 1990 and 2000 and is expected to grow by another 89 million, to reach to a total of 401 million by 2010. The decade 2000-2010 is also one of transition for most least developed countries, with the growth of the labour force outside agriculture outstripping the growth of the labour force within agriculture.[16]

23. The challenge of providing productive employment is exacerbated by the population structure of the least developed countries. With a median age of 19 years, the least developed countries have the youngest population in the world. The resulting high dependency ratio could increase extreme poverty, but it could also provide a demographic window of opportunity if a large proportion of young people is able to find productive employment, thereby increasing the number of effective producers per effective consumer.[17]

24. In the light of the above, the United Nations will undertake the following advocacy actions:

(a) Generate and disseminate information on the employment challenges and opportunities for least developed countries;

(b) Campaign for increased access to financial services, including microfinance, as a means to generate employment, especially in the rural areas;

(c) Raise awareness about private sector investment opportunities in the least developed countries;

(d) Campaign for increased investment in the development of human capital through health, education and training.

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[16] See *Least Developed Countries Report 2006*, United Nations publication, Sales No. E.06.II.D.9.

[17] A/62/79-E/2007/63, paras. 25-27.

7. Environmental vulnerability

25. Least developed countries are acutely vulnerable to the natural shocks and the adverse effects of climate change. They lack the financial and technical means to respond to the challenges posed by land degradation, drought, desertification, deforestation, water and air pollution, and climate change. Given the heavy dependence of least developed countries on agriculture, which is very sensitive to environmental conditions, these environmental challenges pose a major threat to efforts to reduce hunger, malnutrition and poverty.

26. Climate change has emerged as a major concern of the international community. Preparations are expected for negotiations for a new international regime to succeed the current commitments under the Kyoto Protocol to the United Nations Convention on Climate Change,[18] which will expire in 2012. It is important that the growing international concern on climate change pay sufficient attention to the special needs of least developed countries which, because of their vulnerabilities, suffer the most from its adverse impact.

27. The United Nations will undertake the following advocacy actions on the environmental vulnerability of least developed countries:

(a) Campaign for greater efforts by least developed countries to address the challenges of climate change, including the preparation of National Adaptation Programmes of Action;

(b) Raise awareness about the adverse impact of climate change on least developed countries so that international efforts to address the challenge of global change pay sufficient attention to the needs of least developed countries;

(c) Facilitate the preparations of least developed countries for negotiations on the post-2012 global regime on climate change;

(d) Facilitate sharing of best practices among least developed countries and with other developing countries on environmental protection and management practices.

D. Advocacy: means and tools

28. The United Nations will use a range of advocacy means, tools and techniques to raise awareness and create impetus for action in the implementation of the Programme of Action, especially in the areas that have been highlighted. In particular, the following means and tools will be used:

1. United Nations system facilities and resources

29. The information, communication and advocacy infrastructure and mechanisms of the United Nations system will be fully utilized to advocate for the implementation of the Programme of Action, including:

(a) Meetings, statements, speeches and media appearances of the Secretary-General, the Deputy Secretary-General, the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island

[18] FCCC/CP/1997/7/Add.1, decision 1/CP.3, annex.

Developing States, and other senior United Nations officials to call for tangible action by various stakeholders to fulfil their commitments under the Programme of Action;

(b) Facilities, information and communication tools of the Department of Public Information, including the News Centre, United Nations Radio and television, Internet services, United Nations information centres, publications and magazines to raise awareness about the priorities of the Programme of Action;

(c) Encouraging United Nations system entities that devote a substantial part of their work to least developed countries to integrate into their communication, information and advocacy activities the priorities of the Programme of Action that fall within their respective mandates;

(d) Encouraging United Nations resident coordinators and country teams to promote the implementation of the Programme of Action through policy consultation and development processes that exist at the country level;

(e) Using the analytical capacity of United Nations system entities to highlight gaps and opportunities in the implementation of the Programme of Action;

(f) Collaborating with ongoing advocacy campaigns of the United Nations, particularly the Millennium Campaign, to integrate into their activities the priorities for the implementation of the Programme of Action;

(g) Using United Nations system field presence, particularly the United Nations regional commissions and the United Nations country teams, to promote the priorities of the Programme of Action at the regional and national levels, respectively.

2. Outreach to civil society, foundations and academia

30. The United Nations will seek partnerships with civil society organizations, foundations and academia to advance the implementation of the Programme of Action. Civil society organizations have a wide reach at the global, regional and national levels that can play a major role in drawing attention to gaps, challenges and opportunities in the implementation of the Programme of Action. A number of civil society organizations and foundations are engaged in focused campaigns on issues relevant to the implementation of the Programme of Action, such as debt cancellation and fair trade. The United Nations will seek collaboration with such organizations to have the relevant issues of the Programme integrated in their advocacy activities. Outreach to academia, including universities and research institutions, will aim at generating up-to-date information that can facilitate policy discussions and recommendations as well as further advocacy for the implementation of the Programme of Action.

31. The following activities will be undertaken in relation to civil society, foundations and academia:

(a) Identify and facilitate eminent persons or institutions in academia, civil society organizations and other fields to promote the cause of least developed countries and the implementation of the Programme of Action;

(b) Conduct joint activities, including publications, conferences and other forums on the priority areas for the implementation of the Programme of Action;

(c) Regular briefings to civil society organizations on the needs, constraints and opportunities for the implementation of the Programme of Action;

(d) Collaborate with coalitions of civil society organizations and foundations engaged in global advocacy of relevance to the Programme of Action to highlight in their campaigns the special needs of least developed countries.

3. Media outreach

32. The United Nations will expand and intensify its media outreach activities at both the global and national levels in order to raise public awareness about the priorities for the implementation of the Programme of Action. The following activities will be undertaken in this regard:

(a) Promote coverage of least developed country issues in the mass media, including newspapers, radio, television, online media and magazines, through targeted press and feature releases;

(b) Utilize media appearances of the Secretary-General, the Deputy Secretary-General, the High Representative for Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, and other senior United Nations officials to highlight the priorities for effective implementation of the Programme of Action;

(c) Create media opportunities for Member States, civil society organizations and other partners to speak on the challenges and opportunities for the implementation of the Programme of Action;

(d) Utilize the annual training programme for young journalists organized by the Department of Public Information to increase media awareness of least developed country issues and the Programme of Action.

E. Implementation and coordination

33. The Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States will lead and coordinate the implementation of the advocacy strategy in accordance with its mandate to:

(a) Undertake appropriate advocacy work in favour of the least developed countries;

(b) Assist the Secretary-General in ensuring the full mobilization and coordination of all parts of the United Nations system for coordinated implementation and follow-up of the Programme of Action at the country, regional and global levels;

(c) Assist in mobilizing international support and resources for the implementation of the Programme of Action.

34. In the implementation of the advocacy strategy, the Office will work in close partnership with relevant parts of the United Nations system, including the Department of Public Information and the Department of Economic and Social Affairs of the United Nations Secretariat, the regional commissions, the funds and programmes, the United Nations Non-Government Liaison Service and United

Nations resident coordinators. The Office will also collaborate with appropriate civil society organizations in the implementation of the strategy.

F. Duration

35. The advocacy actions set out in this advocacy strategy will be implemented until the end of the Programme of Action.

G. Funding

36. Advocacy actions undertaken under this advocacy strategy will be funded in the following ways:

(a) Within the existing resources of the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States and the United Nations departments, organizations, funds, programmes and other entities participating in the implementation of the strategy;

(b) By mobilizing extrabudgetary resources, including funds raised from external sources by the Office and its implementing partners for the purposes of carrying out specific advocacy actions.

H. Monitoring

37. As the implementation of the advocacy strategy will be a major undertaking of the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, it will be integrated into, and monitored as part of, the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States programme of work. The tools used to monitor the programme performance of the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States will be applied to the advocacy strategy, including the Integrated Monitoring and Document Information System and the Integrated Management Information System. Based on the results of the monitoring exercises, the implementation of the advocacy strategy will be adjusted where necessary to ensure maximum impact.

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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: strengthening of the coordination of emergency humanitarian assistance of the United Nations

International cooperation on humanitarian assistance in the field of natural disasters, from relief to development

Report of the Secretary-General

Summary

The present report has been prepared pursuant to General Assembly resolution 61/131, in which the Assembly requested the Secretary-General to continue to improve international preparedness, response and mitigation efforts in relation to disasters, and to report thereon to the Assembly at its sixty-second session. The report highlights significant trends and their humanitarian implications. It also identifies key challenges faced by the international community in improving its ability to address disasters and in strengthening the capacity of disaster-prone countries in disaster management.

* A/62/150.

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I. Introduction

1. The present report has been prepared in response to General Assembly resolution 61/131. It highlights emerging trends, their implications for humanitarian action and the key challenges that need to be addressed in that respect. It concludes with a series of recommendations.

A. Trends and implications[1]

2. In 2006, 427 disasters associated with natural hazards affected approximately 143 million people and resulted in more than 23,000 deaths. Although the number of victims (persons killed and affected) decreased from 160 million in 2005 to 143 million in 2006, the frequency of disasters remained at a level similar to the 433 disasters recorded for 2005, well above the annual average of 393 for the period 2000-2004.

3. The 2006 figures conform to a trend of increasing numbers of natural hazard events. According to the Centre for Research on the Epidemiology of Disasters, from 1987 to 1997 the number of disasters varied annually between 200 and 250. Between 2000-2006, the annual average of disasters has doubled to more than 400. The rise in the total number of disasters may be attributed, in part, to improved reporting. Other factors include the effects of global warming, as outlined in the recent fourth assessment report of the Intergovernmental Panel on Climate Change, and increased concentrations of people in unsafe and hazard-prone areas.

4. The number of climate-related, or hydro-meteorological hazard events, such as floods, hurricanes and droughts, has increased dramatically over the last 20 years, both in absolute terms and in comparison with the number of geological disasters (for example volcanic eruptions, earthquakes and tsunamis). From 1987 to 1998, the average number of climate-related disasters was 195. From 2000 to 2006, the average was 365, representing an increase of 87 per cent. Comparable figures for the same time period for geological disasters reflect a rise from 28 to 38, which represents an increase of 36 per cent.

5. The trend of increased volatility and extremes in climate-related events in 2006 was clearly demonstrated in Africa. The five countries worst hit by disasters in 2006 in per capita terms were all in Africa. Southern Africa suffered a combination of cyclones, flooding and drought, the greater Horn of Africa was subjected to drought and floods, while drought was widespread in the Sahel. The total number of people affected by drought increased from 30 million in 2005 to 40 million in 2006. Although approximately 14 per cent of the world's population lives in Africa, its inhabitants accounted for 50 per cent of the total drought victims in 2006.

6. Overall, Asia continued to be the continent worst affected by disasters in 2006, in terms of frequency (44 per cent of all recorded disasters), fatalities (70 per cent of the total disaster-related mortality), total numbers of people affected (more than 119

[1] Data in the introduction are drawn from the Office of the United States Foreign Disaster Assistance/Centre for Research on the Epidemiology of Disasters International Disaster Database, Université Catholique de Louvain, Brussels (http://www.em-dat.net); for methodological reasons they cover the calendar year 2006. Data in subsequent sections refer to the reporting period: 1 June 2006-31 May 2007.

million) and economic losses. However, the effects of more extreme climate patterns were felt in all regions. In terms of excess deaths associated with extremes in both summer and winter temperatures, four countries in Europe ranked among the top 10 in 2006.

7. Floods and related disasters were the most frequent type of hazard event in 2006 (with 254 reported) accounting for more than 59 per cent of all recorded disasters. Floods, windstorms and associated disasters had the highest human impact, accounting for 69 per cent of the recorded 143 million victims in 2006.

8. The cumulative economic impact of disasters associated with natural hazards has been recognized as a key factor challenging the achievement of the Millennium Development Goals. Although the reported economic damage caused by disasters in 2006 was comparatively low at $19 billion, the annual average between 1987 and 2006 was $50 billion for hydro-meteorological disasters and just under $20 billion for geological disasters. That estimate does not factor in the economic and social costs of setbacks to development efforts, including an aggravation of the poverty situation in countries hard-hit by disasters. In developing countries, rebuilding in the wake of major disasters can consume a large proportion of national budgets and significantly slow down growth. External support for recovery is often inadequate, as exemplified by the experience of the Maldives, where, according to government authorities, losses after the 2004 tsunami accounted for more than 62 per cent of total gross domestic product (GDP). The Government requested more than $1.5 billion in external aid to help with rebuilding, but only a fraction of this was received.

B. Evolving nature of risk patterns

9. Risk patterns are changing, with implications for exposed and vulnerable communities, particularly, though not exclusively, in low-income settings. Evolving risk patterns are not adequately understood in terms of their potential humanitarian implications. However, it is apparent that additional or more dangerous hazards, coupled with growing vulnerability, increase the threat level faced by high-risk communities. Experience also shows that communities faced with a multiplicity of threats, or recurrent disasters, are in danger of depleting their assets and eroding traditional coping mechanisms. In addition, threats have a tendency to combine and compound in a manner that exacerbates their overall impact. Low-income communities affected by HIV are, for example, at increased risk when confronted with sudden-onset or slow-impact disasters.

10. Changes in disaster risk are driven by global as well as local factors. In addition to climate change, environmental degradation and increased population pressure, other factors underpinning evolving risk patterns include the growth of mega-cities; the rapidly increasing risk of epidemics and contagious diseases, including HIV and the prevalence of other diseases; and persistent poverty. The level of investment, both national and international, in the reduction of risk also has a significant impact on vulnerability.

11. The ramifications of unplanned urbanization need to be addressed in a systematic fashion in hazard-prone areas. According to the United Nations, the world's urban population will exceed the rural population in 2007 for the first time in human history. Almost all of this urban expansion is occurring in developing

countries. A high proportion of urbanization occurs in an unplanned and unregulated manner and is largely driven by poverty. That explains partly the high co-relation between unplanned urbanization and growing risk levels, as many of the urban poor occupy steep slopes or low-lying, flood-prone areas. Approximately 1 billion people now live in slum settlements that lack basic services and infrastructure and are ill prepared to withstand the shocks of natural hazard events. In addition to the number of major urban centres located in high seismic risk areas, many of the world's largest cities are increasingly at risk of coastal flooding.

12. The number of people living with HIV continues to grow, as does the number of deaths due to AIDS. In 2006, a total of 39.5 million people worldwide were living with HIV, 2.6 million more than in 2004. The convergence of extremely high HIV rates in sub-Saharan Africa, the epicentre of the HIV pandemic, and disasters, particularly drought, is having a direct impact on household coping mechanisms and food security. The pandemic shows little sign of abating, particularly in the hardest-hit countries in southern Africa, where infection rates of 40 per cent in pregnant women are reported.

13. Transboundary crop pests and highly pathogenic livestock diseases, such as avian influenza or foot-and-mouth disease, represent major and emerging global threats owing to expanded travel, trade and distribution of agricultural commodities. The concentration of production systems may facilitate contamination when pests and pathogens enter those systems, and more complex food supply chains increase risk pathways to agriculture and to the health of crops, animals and humans. Although regulatory bodies have been developed to address such risks, most developing countries lack the capacity to meet international standards effectively.

14. Poverty, including its impact on households and communities, is closely associated with risk levels and related disasters, although many low-income countries have made strides in developing effective disaster-management systems and capabilities. A recent World Bank-funded study, which examined the famine in Ethiopia in the late 1990s and Hurricane Mitch in 1998, found that the poorest members of society are most acutely affected by disasters and for a longer period than higher-income groups. Notwithstanding urbanization and the related disaster risks outlined above, the majority of the poor and the malnourished continue to live in rural areas and depend on agriculture for their survival.

C. Changing risk patterns: implications for disaster preparedness

15. The implications of changing risk patterns, including increased vulnerability, present significant challenges and underline the importance of improved risk management, including increased investment in disaster preparedness. Strengthening national preparedness systems is particularly important given the central role of front-line communities in responding to disasters.

16. National authorities bear the primary responsibility and much of the burden for addressing disasters; they are often the first to respond whatever the scale of the disaster, including but not limited to those that generate international attention. Most disasters associated with natural hazards do not make international headlines and are addressed by local communities and authorities. According to the International Federation of Red Cross and Red Crescent Societies, 80 per cent of disasters are managed at the national level.

17. Investment in disaster preparedness, particularly in the context of a comprehensive risk-reduction programme, has shown that it can save lives and safeguard livelihoods. According to the Centre for Research on the Epidemiology of Disasters, although the frequency of disasters is increasing, the number of victims has remained stable over the last 20 years at approximately 254 million annually.

18. During the reporting period, improved preparedness and a well-coordinated response have shown their value. According to the Federation, the impact of flooding in Mozambique in 2006 was significantly less than comparable events in previous years, thanks partly to improved community preparedness and the introduction of a cyclone warning system set up by the Government's National Meteorology Institute. According to government sources, more than 700 people died in the 2001 floods; in 2007, that figure was less than 100. Similarly, pre-emptive and timely responses to the three typhoons that struck Viet Nam in 2006 were made possible by better assessment of vulnerabilities in-country and improved local-level evacuation and national level coordination systems.

19. Based on available data from the Financial Tracking Service, it appears that, currently, less than 5 per cent of global humanitarian funding is allocated for disaster relief. Given the changing nature of risk, demands for funding for both targeted preparedness and response are likely to increase. It is critical that additional resources for preparedness be mobilized. Significant challenges lie ahead to equip communities, Governments and humanitarian actors with the resources to cope with the humanitarian impact of changing risk patterns and the increasingly complex range of factors that compound the impact of disasters.

II. Year in review 1 June 2006 – 31 May 2007

20. The pattern of disasters during the reporting period corresponds to the above trends, in that climate-related events dominated the year. However, the events of the past year also demonstrate that investment in preparedness, particularly at the national and regional levels, requires greater commitment and support from the international community and from Governments.

A. Climate-related hazard events

Africa

21. During the reporting period a moderate El Niño phenomenon coupled with a warming of the western Indian Ocean resulted in cycles of drought and flooding in many regions of Africa.

22. In the Horn of Africa, excessive rains and severe flooding in September 2006 affected many parts of Ethiopia, Kenya and Somalia. It is estimated that between 1.5 and 1.8 million people were affected, including some 650,000 people who were displaced between October and December 2006 alone. Although relief efforts were hampered by poor road access, United Nations response teams in those three countries initiated responses in all affected areas covering the needs in health and nutrition, water and sanitation, livestock health, food and infrastructure.

23. The drought that followed has required international efforts to provide food and support for livelihoods to more than 10 million people. In Somalia alone, the United Nations has provided more than $60 million in food in 2007, despite high levels of insecurity and difficulties in reaching the affected populations. The original 2007 Somalia Consolidated Appeal Process was revised upwards to $262,354,615 to include programmes that supported livelihood recovery and strengthened coping mechanisms for river communities.

24. Cycles of drought and flooding have also affected many areas of the Sahel region and Southern Africa. In August and September of 2006, Burkina Faso and the Niger suffered from heavy rains that affected more than 22,000 people, requiring international humanitarian assistance. For example, in both countries the United Nations country team together with the Governments provided food, cooking oil, tents, blankets, mosquito nets, kitchen supplies and school kits to affected populations.

25. Cycles of flooding in Southern Africa during the reporting period affected more than 1 million people and killed hundreds. Madagascar and Mozambique were the worst affected owing to five successive cyclones that hit between December 2006 and March 2007. The last two cyclones alone affected an estimated 190,000 people and killed 150.

26. Despite improved disaster emergency preparedness and response capacity in both countries, the magnitude of this year's early rains stretched the Government's capacity, and a total $14.7 million was requested through the Central Emergency Response Fund and $57 million through flash appeals in support of government and international relief efforts. National and international relief organizations also focused on the distribution of food and non-food items, such as shelter materials and basic recovery items, and the rehabilitation of schools damaged by the cyclones. Since the cyclones also had an impact on crops, increasing the likelihood of food insecurity in the coming months, the United Nations initiated support to agricultural activities to avoid disruption of the coming crop season.

27. In southern Africa, droughts contributed to poor harvests from the 2006-2007 farming season, leading to food insecurity in several areas. The World Food Programme (WFP) and Food and Agriculture Organization of the United Nations (FAO) Crop and Food Supply Assessment Missions reported that approximately 800,000 people would require food assistance in Swaziland and Lesotho in 2007. The Mission to Zimbabwe reported that up to 4.1 million people are expected to face food shortages — populations that are already struggling to cope with other crises such as hyperinflation, high HIV prevalence and a significant deterioration in public services. To date, $120 million in humanitarian funding has been pledged through the consolidated appeal for Zimbabwe; inter-agency efforts to provide food rations as well as initiatives to improve food and nutrition security are ongoing.

Asia

28. Heavy monsoon rains throughout the summer of 2007 caused widespread flooding across Asia. In Bangladesh, China, the Democratic People's Republic of Korea, India, Myanmar, Nepal and Viet Nam the floods affected close to 50 million people in 50 provinces across those countries; damaged or destroyed more than 2 million houses; and damaged more than 6 million hectares of crops.

29. During the reporting period, major floods in Indonesia in February claimed 79 lives and damaged more than 145,000 houses, 500 schools and hundreds of other public facilities. For several days, Jakarta was almost paralysed as floods covered nearly 70 per cent of the city, with water levels reaching up to two metres in some neighbourhoods. Almost 600,000 people were directly affected and had to relocate temporarily to alternative shelters.

30. The Philippines was hit by three typhoons in the last quarter of 2006, triggering landslides and floods that affected close to 8 million people and caused almost 2,500 deaths. Typhoon Reming (also called Durian) was the most destructive, destroying over 180,000 houses.

31. In Afghanistan, heavy rains, aggravated by rapidly melting winter snows, resulted in destructive flooding and avalanches in March 2007, killing some 83 people and damaging hundreds of homes, affecting seven provinces in the country's south and west. Floods also hit the capital, Kabul, cutting off major supply routes and slowing relief efforts. In addition to the government response, United Nations operational agencies supplied food, family kits, blankets, floor mats, plastic sheets, winter clothes, water purification tablets, jerry cans and chlorine powder. The Vice-President of Afghanistan and the National Emergency Response Commission, supported by provincial disaster management committees in the affected areas, coordinated the response with logistical support from the International Security Assistance Force in extremely difficult situations to transport relief supplies to isolated regions. The National Disaster Management Authority of Afghanistan has improved its ability to utilize Government assets and coordinate the response that was then supplemented by United Nations entities and non-governmental organizations. As a result, relief efforts reached an estimated 20,000 people.

South America

32. During the first months of 2007, Bolivia was hit by severe floods, which affected more than 350,000 people, in eight out of nine departments in the country. Following a request for international assistance the United Nations launched a flash appeal for $12 million to support government relief efforts, of which $2 million was provided through the Central Emergency Response Fund.

B. Geological hazard events

33. A strong earthquake measuring 5.8 on the Richter scale struck West Sumatra Province in Indonesia on 6 March 2007. A total of 67 people died, at least 800 people were injured and 140,000 persons were evacuated. Almost 20,000 houses and hundreds of schools, places of worship, offices and public facilities were destroyed. In April 2007, a tsunami killed at least 34 people and displaced over 6,000 in the Solomon Islands. A United Nations humanitarian appeal resulted in the provision of more than $500,000 in assistance in the areas of health, education, water and sanitation, protection and rule of law.

C. Epidemics

34. Many disasters associated with specific natural hazards, especially flooding, increase the risk of water-borne and other diseases. The Intergovernmental Panel on

Climate Change fourth assessment report, issued in 2007, has outlined evidence suggesting that climate change is already having an impact on human health, although at the present stage the effect is small. Their projections, however, point to a number of possible trends including increases in malnutrition, disaster-associated fatalities and morbidity as well as changes in the incidence of some infectious diseases, such as malaria.

35. In September 2006, Ethiopia experienced an outbreak of acute watery diarrhoeal syndrome resulting in more than 22,000 cases and 219 deaths. The case fatality rate of 10 per cent in the flood-affected region of Amhara was 10 times the national average. The Ministry of Health implemented control measures, case management and further assessments in cooperation with the United Nations and partners in non-governmental organizations. Cholera and acute watery diarrhoea outbreaks were also reported in the Sudan and Angola in 2006.

36. Meningococcal disease outbreaks were reported in two areas in 2006; the first affecting Burkina Faso, Côte d'Ivoire, Mali and Niger and the second affecting eastern Kenya, the Sudan and Uganda. In those countries a total of 5,719 suspected cases, including 580 deaths, were reported in 2006.

37. During the reporting period, over 1,000 cases of Rift Valley fever resulted in at least 275 deaths in Kenya, Somalia and the United Republic of Tanzania. The response to the outbreak was organized by the respective national authorities, the Kenya Medical Research Institute, the United States Centres for Disease Control and Prevention, and the United Nations system, including the allocation of $3.15 million from the Central Emergency Response Fund for fever outbreaks.

38. Previously polio-free, Chad, Ethiopia and Somalia exported new cases of polio in 2004 and 2005. To date, Ethiopia has reported a total of 37 polio cases and Somalia confirmed 215 cases, while in Chad one case was confirmed in January 2007. Those countries are now increasing their level of planning and coordination and streamlining their polio eradication strategies to cut the corridor of transmission of the polio virus. Ethiopia, Kenya and Somalia vaccinated millions of children under five years of age in September 2006 in the largest-ever synchronized vaccination campaign in the Horn of Africa. Chad also stepped up its immunization programme, vaccinating nearly 2.5 million children under five years of age during the reporting period.

39. During the past two years, the number of people living with HIV increased in every region of the world. HIV is spreading quickly in Central Asia and Eastern Europe, where a 70 per cent increase in new infections has occurred since 2004. Additionally, new HIV infections rose by 15 per cent in South and South East Asia, while new infections rose by 12 per cent in the Middle East and North Africa. Sub-Saharan Africa continues to bear the brunt of the global HIV epidemic, with 25 million people living with HIV. Declines in national HIV prevalence are being observed in some sub-Saharan African countries. However, such trends are neither strong nor widespread enough to diminish the epidemic's overall impact in the region. At the same time, access to care and treatment has greatly increased chances of people who are living with HIV surviving longer than before in low- and middle-income countries.

40. According to the World Health Organization (WHO), during the reporting period there were 84 human cases of H5N1, resulting in 57 deaths, with over

twenty-four countries reporting infections. Concern about the threat has prompted the international community to launch efforts aimed at improving global preparedness to both forestall an influenza pandemic and cope with a pandemic should one occur.

D. Environmental hazard events

41. Environmental emergencies can arise from both human-made disasters — for example an accident at a facility that contains hazardous material — and from natural hazard events with secondary impacts, such as an earthquake that destroys an industrial facility. Whatever the cause, environmental emergencies can threaten lives and livelihoods if not identified and addressed immediately. A vital component of an effective humanitarian response is, therefore, ensuring that serious environmental risks are promptly identified and that steps are taken to reduce them.

42. During the past year, the United Nations has helped to ensure an effective response to a wide range of environmental emergencies including a toxic waste dumping incident in Côte d'Ivoire, a "mud volcano" in Indonesia that flooded adjacent villages, oil spill effects from the Lebanon crisis and environmental impacts from flooding and cyclones in Madagascar and in Indonesia.

43. Through the United Nations system, potential secondary risks are now routinely identified at the onset of all major disasters. Relevant actors of the United Nations system are also jointly integrating environment-related concerns as a cross-cutting issue in the overall humanitarian response.

III. Key challenges

44. A combination of factors, including a growing awareness of the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters, climate change and the growing incidence of disasters, have helped mobilize attention, strengthening the capabilities of disaster-prone communities. That development is both welcome and significant, and it needs to be translated into steadfast commitments and concrete support. Important challenges in this connection include the strengthening of local, national and regional capacities for disaster management, the streamlining of coordination and rapid response systems and the application of information and telecommunications technology. Responding to disasters in a manner that promotes early recovery, in a risk-reduction framework, is also critical. Recent events underline the need for increased, more accountable, resource allocation for disasters associated with natural hazards. There is a particular need to improve the targeting and tracking of funds for preparedness and to ensure greater prioritization of high-risk, less-prepared settings.

45. In June 2007, 124 Member States and 105 regional, intergovernmental, and non-governmental organizations participated in the first meeting of the Global Platform for Disaster Risk Reduction. Key themes highlighted by participants included the importance of prioritizing investment in disaster risk reduction and the need for countries to quickly establish systems to monitor and report on their risk profiles. Greater engagement with the private sector was also encouraged. The

meeting also stressed that a core challenge includes expanding proven practices in risk reduction from the local to global level.

A. Strengthening local, national and regional capacities for disaster management, particularly in high-risk, low-capacity settings

46. Capacity development is one of the elements most critical to improved disaster risk reduction at the local, national and regional levels. Based on its analysis of national reporting, the International Strategy for Disaster Reduction Secretariat has noted that many high-risk, low-capacity countries face considerable challenges in building and maintaining basic institutional capacity for disaster management. More needs to be done to support those countries in developing their in-country human resources and national legislative and policy frameworks and to fund action plans designed to strengthen preparedness capabilities. Considerable experience exists among Member States, international agencies and communities; however, additional efforts and resources are needed to enable concerned States to access those resources.

47. The United Nations has supported the development of disaster preparedness and response capabilities at national and regional levels. During the reporting period, a series of subregional conferences were also held to develop strategies for the new Africa regional strategy for disaster risk reduction. Regional initiatives to enhance preparedness, mitigation and response capacity were also stepped up in Asia. In August 2006, India hosted the South Asia Policy Dialogue on Regional Disaster Risk Reduction, while the Association of Southeast Asian Nations continued its work to implement the 2005 Agreement on Disaster Management and Emergency Response.

48. Considerable progress has also been made in augmenting locally available disaster response expertise in high-risk areas by incorporating developing country members into the United Nations Disaster Assessment and Coordination System. That measure facilitates the rapid deployment of local resources in the event of a disaster, and at lower cost. Acquired skills are also important in facilitating the development of national preparedness and disaster response. There are more than 90 emergency experts from 41 developing countries who are active team members of the System. They constitute 42 per cent of the system's total membership. During the reporting period, the United Nations organized two induction workshops, including one specifically for French-speaking countries and another for Portuguese-speaking countries. United Nations Disaster Assessment and Coordination preparedness missions were also undertaken in Afghanistan, Bolivia and the Lao People's Democratic Republic, at the request of the respective Governments, to increase awareness of the System and to provide technical support and recommendations regarding measures needed to improve their national disaster response capacity.

49. The International Search and Rescue Advisory Group has more than 60 member countries from both responding and disaster-prone countries. Its activities are focused on capacity-building in high-risk, low-capacity environments. While most donor countries and response organizations comply with the Group's guidelines, introducing its disaster coordination methodology into disaster-prone countries, which would also help to ensure that international assets are seamlessly integrated into the national response effort, remains a challenge. Measures to achieve that goal include the organization of annual regional earthquake response exercises.

50. Effective disaster management requires human resources, persons who are trained and capable. Thus, in early 2007 the inter-agency Capacity for Disaster Reduction Initiative began working to support Governments, organizations, academia and professional organizations to strengthen skills within a risk-reduction framework. The Initiative's core mandate is to serve as a resource centre on best practices with regard to capacity-building on disaster related issues. As such, it will help to disseminate best practices from the local to the international level and will encourage a greater regional and interregional exchange of information with regard to capacity development for disasters. In a two-year initial phase, the Initiative will concentrate its activities in six highly vulnerable, low-capacity countries. Its main clients will be government bodies working in disaster risk reduction and those actors that are supporting them to make disaster risk reduction a national priority.

51. The above-mentioned efforts will complement the existing initiative on strengthening national capacities for a tsunami early warning and response system in the Indian Ocean coordinated by the International Strategy for Disaster Reduction. So far, 11 countries have asked to participate, and projects are being implemented in the Maldives, Sri Lanka and Thailand to strengthen warning and response plans for coastal regions. Plans to include additional projects are currently being discussed with donors. However, gaps in funding for investment in early warning remains a problem, particularly in Africa, and more effort is needed to link regional and national systems to the local level.

B. Strengthening preparedness, coordination and rapid response

52. Frequently, recognition of the importance of disaster preparedness increases in the wake of a devastating experience, when it becomes tragically clear that losses could have been reduced if advance measures had been taken. While post-disaster reviews often come too late to save the lives and assets of many disaster victims, rethinking coordination and rapid response mechanisms in the wake of a disaster may provide an opportunity to mobilize support for dedicated investment in disaster preparedness. Several national and international initiatives that aim to improve coordination, response and preparedness mechanisms are under way.

53. For example, important steps were taken during the reporting period to strengthen international coordination and international support to national Governments, including the further development of the cluster approach, in which United Nations entities and non-United Nations humanitarian actors coordinate the response though a series of thematic groupings; the development or updating of tools to strengthen preparedness and response systems; the drafting of key guidelines for legislation to support disaster response; and the enhancement of key systems such as the United Nations Disaster Assessment and Coordination Team and the International Search and Rescue Advisory Group to improve their capacity to respond globally, especially in high-risk settings.

54. The cluster approach was used in support of national disaster relief efforts in Ethiopia, Indonesia, Madagascar, Mozambique, the Philippines and Somalia during the reporting period. In addition, clusters have continued to operate in Pakistan

since the 2005 South Asian earthquake. Internal assessments of the cluster approach in recent disasters indicate that coordination with government entities and levels of accountability and predictability have improved as a result of the approach's implementation. The cluster approach has also led to a strengthening of joint needs assessments and to improved prioritization of activities when requesting emergency funding through the Central Emergency Response Fund and flash appeals. The emergency shelter clusters in Indonesia and Mozambique facilitated coordination with national efforts by providing a single interface for the Government. In Mozambique, the cluster approach complemented the strong lead by the Mozambique National Disaster Management Institute and resulted in a more integrated response than in 2001. In the Philippines, the logistics cluster provided enhanced information management services as well as ocean, air and land transport for all humanitarian actors. Future challenges include the implementation of the cluster approach in more countries while working to ensure that lessons learned from recent operations are used to further improve disaster relief.

55. In addition, while response missions were deployed by the United Nations Disaster Assessment and Coordination Team a total of 10 times in the reporting period and were instrumental in helping affected countries generate an accelerated and coordinated response, the effectiveness of the system requires a greater understanding and awareness among disaster-prone countries as well as among United Nations resident/humanitarian coordinators. Improved knowledge of the Team and its response partners, including the 2005 Asia-Pacific Humanitarian Partnership,[2] the International Humanitarian Partnership[3] and the Americas Support Module,[4] could ensure that requests for Team support are made in a timely manner.

56. Other initiatives are under way to assess and improve disaster preparedness, particularly in high-risk, low-capacity countries. For example, United Nations agencies and partner organizations in the Asia and Pacific region are jointly developing tools to model the risk, vulnerability and response capacity of countries. Individual agencies, through the Inter-Agency Standing Committee, are using those models to better focus preparedness activities.

57. In addition, the Committee is developing a guidance and indicator package to facilitate implementation of priority five (preparedness) of the Hyogo Framework for Action. Challenges foreseen in that respect include the mobilization of feedback for further enhancement of this and related tools. The International Federation of Red Cross and Red Crescent Societies is currently leading an Inter-Agency Standing Committee consultation to identify priority gaps in the integration of disaster risk reduction into humanitarian action, with the aim of establishing a comprehensive programme for the reduction of risk in humanitarian contexts. Efforts are also under way to develop diagnostic and other tools to facilitate systematic and strategic

[2] The Asia-Pacific Humanitarian Partnership is a consortium comprising Australia, China, Japan, New Zealand, the Republic of Korea and Singapore, which is capable of providing technical support, trained personnel, communications systems and living/working support for UNDAC missions following disasters.

[3] The International Humanitarian Partnership is comprised of Denmark, Estonia, Finland, the Netherlands, Norway, Sweden and the United Kingdom of Great Britain and Northern Ireland and provides operational support to UNDAC in a number of geographical areas.

[4] In 2006, an Americas Support Module was established, with contributions from the United States of America and Télécoms sans frontières, to provide IT support services to United Nations Disaster Assessment and Coordination teams in the Americas region.

action on issues such as HIV, taking into account the way in which threats intersect with and exacerbate vulnerability in disaster settings.

58. The International Law Commission agreed at its fifty-eighth session (2006) to include work on the protection of persons in the event of a disaster in its long-term workplan, which is particularly important given the growth in the number of disasters.

59. Given increases in the size of international relief efforts, ad hoc solutions to common regulatory issues have increasingly been noted as a problem in key evaluations, such as the Tsunami Evaluation Coalition report. The International Federation of Red Cross and Red Crescent Societies continued its project on International Disaster Response Law and undertook a series of formal consultations with States and humanitarian organizations during the reporting period. Those activities have culminated in the drafting of a set of non-binding guidelines on the domestic facilitation and regulation of international disaster relief and initial recovery assistance. In March, the Inter-Agency Standing Committee Working Group expressed its support for the development of the guidelines, which will be presented to Governments and national societies at the Thirtieth International Conference of the Red Cross and Red Crescent in November 2007.

60. The United Nations and its partners are working to increase the preparedness of the international humanitarian system to respond to transboundary crop pests and highly pathogenic diseases. While activities currently focus on a pandemic threat, they will help to strengthen emergency preparedness and coordination overall and have an impact on the coherence of the United Nations system and the response capacity of national authorities. Global investment in preparedness for a possible influenza pandemic also provides an opportunity to test and measure preparedness in general.

C. Strengthening information and telecommunications technology in disasters

61. Building systems and processes that allow humanitarian entities the maximum use of information technology (IT) in disaster settings continues to be a challenge, though several international initiatives are currently under way to improve collaboration, standards and use of IT systems in disaster response.

62. The Inter-Agency Standing Committee Sub-Working Group on Emergency Telecommunications, whose membership includes United Nations entities, international, governmental and non-governmental organizations and the private sector, has continued to promote the adoption of emergency telecommunications standards to increase the interoperability of equipment and systems in disaster areas. The Emergency Telecommunications Cluster has established stockpiles of equipment and developed standard operating procedures and partnerships with the private sector and non-governmental organizations to respond to emergencies in a rapid and predictable manner.

63. In addition, the multilateral Global Disaster Alert and Coordination System was strengthened to incorporate the following into one Internet-based global system: country-based systems; the European Commission Joint Research Centre disaster alert tool called Asgard; seismological laboratories; the United Nations Institute for

Training and Research (UNITAR) Operational Satellite Applications Programme; the Humanitarian Early Warning Service; and Relief Web. As a result, responders can receive early warning of disasters by text message (SMS-short message service) or e-mail. The Virtual On-Site Operations Coordination Centre managed by the United Nations now has over 5,000 registered users from more than 60 countries and is used for real-time coordination of information and assets in a sudden-onset disaster. Access to emergency satellite maps is now available through the system.

64. The Joint Research Centre of the European Commission, which is responsible for the automated alert system of the Global Disaster Alert and Coordination System, is also testing a global flood detection system geared to detecting floods globally on a near real-time basis with the purpose of alerting the humanitarian community and facilitating an early response. In areas where flood forecasting systems exist, the global flood detection system provides complementary information. It is scheduled to be launched officially in early 2008.

65. In November 2006, the United Nations Geographic Information Working Group adopted the spatial data infrastructure initiative to strengthen the use of that technology in disaster preparedness and emergency response. In December 2006, the General Assembly established the United Nations Platform for Space-based Information for Disaster Management and Emergency Response to support those efforts. Also during the period, the Operational Satellite Applications Programme increased its efforts to provide humanitarian agencies and organizations with rapid mapping services in support of disasters and complex emergency response operations.

66. Efforts to promote the 2005 Tampere Convention on the Provision of Telecommunication Resources for Disaster Mitigation and Relief Operations[5] at major international and regional telecommunications events and to Member States continue. Thirty-five States have ratified the Convention to date. However, significant work remains to encourage more States to both ratify the Convention and implement its provisions.

D. Use of military assets in disaster settings

67. Military assets have been deployed to support a number of recent disasters associated with natural hazards. However, concerns have been raised by the international community as well as by Member States that such assets are not always provided based on need; are in use longer than necessary, often at great expense; and detract from, rather than contribute to, the overall coordination of the response. The Guidelines on the Use of Military and Civil Defence Assets in Disaster Relief (Oslo Guidelines), first agreed to by States in 1994 and updated in 2006, were designed to address those issues, but adherence to them is uneven. Several initiatives are under way to address the lack of a consistent approach to the deployment of military assets in disaster settings.

68. During the reporting period the United Nations commissioned the Stockholm International Peace Research Institute to undertake an independent study on the effectiveness of using foreign military assets in international disaster response. The study aims to review the use and coordination of military assets in recent disaster

[5] United Nations, *Treaty Series*, vol. 2296, No. 40906.

responses in Haiti, Indonesia, Mozambique and Pakistan and to assess the level of application of international frameworks and guidelines, including the Oslo Guidelines. The study is also geared to identify and recommend best practices for the deployment, coordination, and use of such assets in future disaster situations.

69. The Central Register of Disaster Management Capacities was originally conceived to collect data on assets and resources from donor countries and regional organizations, which can be deployed for disaster response. However, even though Member States continue to voice their commitment to the Central Register, compiling and maintaining appropriate data remains a problem and has compromised the Register's overall operational effectiveness. Although expansion of the Military and Civil Defence Assets Directory is improving (an additional 10 Member States were identified in 2006), more active engagement is needed on the part of Member States in updating and contributing towards this and other such directories. An internal review of the Central Register, planned for 2008, is expected to assess its value added and user satisfaction.

E. Early and sustainable post-disaster recovery

70. Experience from both past and more recent disasters has illustrated the importance of designing and organizing a response that promotes a rapid and durable recovery. That means orchestrating immediate post-disaster interventions that help to generate a life-sustaining environment while building the foundations necessary for longer-term recovery. It is important, whenever feasible, to ensure an early focus on regenerating or enhancing the capacity of national institutions and communities. Equally important is the availability of a credible and effective coordination framework and mechanisms, to maximize synergies between different interventions and maintain momentum for an early recovery.

71. Effective coordination in post-disaster settings is a long-standing challenge. It is well understood that coordination of the early recovery process is the responsibility of the concerned Government and that external partners need to provide assistance in a manner that contributes to the realization of agreed recovery objectives. The international community is in the process of developing and enhancing various tools and stand-by capabilities that can assist the concerned authorities in that task. The goal is ensuring continuity and predictability in coordination arrangements during transitions from relief to recovery so that no gaps occur in the assistance to vulnerable populations when the focus moves to the strengthening of the capacities of national authorities to recover from disasters.

72. The Inter-Agency Standing Committee Cluster Working Group on Early Recovery and the Joint Working Group on Transition Issues are collaborating, along with a broad range of United Nations agencies and partners, in the development of a unified approach to post-disaster recovery. It includes the development of a range of strategic planning, assessment, and resource mobilization tools. It also includes the provision of support and technical assistance to the resident/humanitarian coordinator to facilitate the coordination of the transition process. The Office for the Coordination of Humanitarian Affairs, the United Nations Development Programme and the United Nations Development Group Office are currently joining efforts to strengthen recovery coordination capacities of resident coordinator/humanitarian coordinator offices so that they can better support the Inter-Agency Standing

Committee country teams, the international assistance community as a whole and, first and foremost, national authorities during the transition from relief to development.

73. The International Recovery Platform is aimed at bringing together policymakers and senior recovery practitioners of member States and international organizations to exchange experience and identify best practices towards the advancement of a disaster recovery agenda in line with the Hyogo Framework for Action. Under the Platform, a guide to post-disaster needs assessment for recovery settings is currently being developed. It is intended to close the current gap between the assessments of immediate humanitarian needs and longer-term reconstruction requirements. The Inter-Agency Standing Committee Cluster Working Group on Early Recovery is also developing a practical toolkit for field use, including a guidance note, a directory of useful tools, a rapid early recovery needs assessment tool, a local-level programming framework and sector-level guidance. It is also providing training to country teams, early recovery coordinators and cluster lead entities on the use of available recovery tools.

74. A global surge capacity system has been developed for the deployment of early recovery coordinators and inter-agency expert teams to support assessment, programme development and implementation in such specific areas as livelihoods, transitional shelter and local-level recovery. During the reporting period, early recovery coordinators were deployed to support recovery efforts in Madagascar, Mozambique, the Philippines and Somalia.

75. Overall, significant progress has been made in mobilizing attention to and support for sustainable recovery processes. However, more concerted support is needed to mobilize financial and other resources rapidly. Aligning relief and recovery efforts in the aftermath of disasters remains a priority.

F. Resource allocation for disasters

76. Globally, humanitarian aid has expanded as a proportion of official development assistance (ODA) over the last 15 years. After falling in the early 1990s, ODA began to rise in the late 1990s, and it saw the steepest ever increase in 2005 due mainly to the Gleneagles agreement on debt relief. Humanitarian aid increased from 0.1 per cent of overall ODA in 1970 to 12.1 per cent in 2005.

77. For the calendar year 2006, a total of $245 million was provided to help address disasters associated with natural hazards. An estimated $367 million was provided annually between 2000 and 2004, through international channels, for disasters associated with natural hazards. A review of United Nations financial tracking data suggests that that amount represents less than 5 per cent of total humanitarian funding.

78. The growth in disaster risk will likely increase the financial costs of preparedness and response measures. For example, a recent review of the Disaster Relief Emergency Fund of the International Federation of Red Cross and Red Crescent Societies, which provides complementary funding to the Central Emergency Response Fund for rapid responses to small- and medium-scale disasters, recommended a 150 per cent increase in its funding, from approximately $8 million to $20 million over the next three years.

79. A clear need remains for more consistent and increased levels of funding to address natural hazards in a timely and effective manner. During the reporting period, the United Nations system issued 12 flash and other appeals in the wake of disasters, requesting a total of $364 million. As of 1 June 2007, a total of $168 million, or 46 per cent of the total requested amount, had been funded, though the coverage varied widely, ranging from 100 per cent for the earthquake and tsunami in the Solomon Islands, to 66 per cent for the floods in Kenya, to just 4.5 per cent for the floods in Zambia. The Central Emergency Response Fund contributed an average of 35 per cent of the amount requested. In the calendar year 2006, donors committed $1.4 billion, primarily for Asia, to prevent the spread of avian influenza and to help prepare for a possible pandemic influenza. That commitment represents an important investment in preparedness, surveillance and detection, as well as in response and containment of isolated outbreaks.

80. It is well understood that comprehensive disaster risk-reduction strategies cannot rely solely on donor funds. As outlined in the Hyogo Framework for Action, effective action requires Governments to invest in risk reduction, as well as in social safety nets and financial risk-sharing mechanisms. Furthermore, political support from Governments and strong decision-making mechanisms are crucial to reduce effectively the impact of disasters associated with natural hazards.

81. However, according to a recent ProVention Consortium study, only an estimated 1 per cent of households and 3 per cent of businesses in low- and middle-income countries have insurance coverage against catastrophic risk, as compared with 30 per cent in high-income countries. In addition, Governments in low- and middle-income countries allocate insignificant amounts of domestic resources to risk reduction. Such practices only contribute to cycles of disaster-related poverty and increased dependence on international donor support.

82. Increasing numbers of Governments are integrating risk-reduction and contingency response funds into their national budgets, while others are exploring opportunities to provide low-cost disaster insurance to high-risk populations. Such initiatives are critical to building coherent systems to address changes in disaster risk.

83. While some aspects of resource allocation for disaster-related work, including the reduction of risk, have improved, there is a critical need to strengthen such investment, particularly in disaster-prone areas with weak risk management systems. There is also an urgent need to better understand and track funding flows to increase accountability and to generate improved data on best practices.

84. The World Bank Global Facility for Disaster Reduction and Recovery was launched in September 2006 and specifically seeks to increase the disaster preparedness of States most vulnerable to disasters. To date over $30 million has been contributed to the fund.

G. Improved accountability in disaster response

85. A key component for strengthening the effectiveness of humanitarian action is the commitment to increase the accountability of international actors to the people they seek to assist. In July 2006, the *Joint Evaluation of the International Response*

to the Indian Ocean Tsunami: Synthesis Report[6] was published. The findings highlighted the need for a fundamental reorientation, from supplying aid to supporting and facilitating communities' own relief and recovery priorities. It also highlighted the importance of greater linkages and coherence between international and national disaster response mechanisms and encouraged the relief community to establish an accreditation system to identify agencies that work to a professional standard in a particular sector. While highlighting the importance of making the current funding system impartial, more efficient, flexible and transparent, the *Joint Evaluation* also underscored the need for a better alignment between funding and the principles of good governance.

86. Recommendations from the above-mentioned studies have already been influential in the development of several other key initiatives, such as the design of improved early warning systems and the establishment of the Central Emergency Response Fund.

87. Conducting evaluations of humanitarian operations during disaster response is another key measure for improving accountability and promoting greater transparency and timely learning in the post-disaster phase. During the reporting period, so-called "real-time evaluations" were undertaken in Ethiopia, Kenya, Pakistan and Somalia. Evaluation teams were comprised of both national and internationally qualified experts with experience in Governments, non-governmental organizations and international organizations. The findings of the reports are publicly available, and their recommendations are currently being reviewed with the relevant stakeholders to inform further actions in support of Member States and others.

88. In addition, in March 2007, the Inter-Agency Standing Committee Working Group endorsed a one-year initiative to pilot inter-agency real-time evaluations. The floods and cyclone that hit Mozambique in February, prompting an international response, provided the first opportunity to implement the initiative. The evaluation itself helped strengthen coordination and response efforts and provided real-time learning on key response elements. The lessons learned from the Mozambique experience were presented to the Active Learning Network for Accountability and Performance in Humanitarian Action meeting in June and have fed into guidelines, currently under development, for undertaking inter-agency real-time evaluations.

89. While efforts to strengthen accountability are critical, it is also of vital importance that action be taken, by all concerned stakeholders, on the findings of evaluations and other review processes. For this reason, a high-level task force that includes actors from all areas of the humanitarian community has now been formed to promote and facilitate implementation of these recommendations and to promote increased accountability within the entire humanitarian system.

IV. Recommendations

It is recommended that the following steps be taken:

- Member States and regional and international organizations are encouraged to identify and improve the dissemination of best practices concerned with

[6] John Telford and John Cosgrave (London, Tsunami Evaluation Coalition, 2006).

improving disaster preparedness and to scale up successful local level initiatives.

- Member States and humanitarian partners are encouraged to increase their activities to implement the 2005 Hyogo Framework for Action and to strengthen systems for identifying and monitoring disaster risk and vulnerability.

- Relevant humanitarian and development actors should prioritize programming to reduce the risk that natural hazard events will exacerbate the transmission of communicable diseases and should also bolster health mechanisms to meet future health-care needs. During natural hazard events, efforts should be strengthened to support populations already highly vulnerable due to HIV, particularly in sub-Saharan Africa.

- Member States are invited to consider strengthening legal preparedness and regulatory frameworks to support response action.

- Member States are invited to ratify the Tampere Convention on the Provision of Telecommunication Resources for Disaster Mitigation and Relief Operations and to undertake measures to enable its incorporation into domestic legislation and full implementation as a resource for relief efforts.

- The United Nations is encouraged to review, in consultation with Member States, the use of military assets for disaster relief with the aim of improving the predictability and use of those assets, based on humanitarian principles.

- Member States are encouraged to contribute information regularly to the relevant directories of the Central Register of Disaster Management Capacities.

- Member States that have not yet done so should consider, within an overall disaster risk-reduction framework, integrating support for disaster preparedness, including contingency funds, into their national budgets and should explore opportunities to provide low-cost disaster insurance to populations at high risk of disasters associated with natural hazards.

- Member States and relevant international organizations are encouraged to increase resources to address disasters associated with natural hazards, particularly in high-risk, low-capacity settings, and to track funds allocated for preparedness activities.

- The United Nations should report on the implementation of the key recommendations of the publication entitled *Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis Report*.